United Nations CRPD/C/MLT/Q/1

Convention on the Rights of Persons with Disabilities

Distr.: General
24 April 2018

Original: English
English, Russian and Spanish only

**Committee on the Rights of Persons with Disabilities**

# List of issues in relation to the initial report of Malta*

## A. Purpose and general obligations (arts. 1–4)

1. Please provide information on how the amended Equal Opportunities Act, the Code of Organization and Civil Procedure, and the Civil Code, referred to in the initial report of the State party (para. 7),[1] establish a human rights model of disability in accordance with articles 3 and 4 of the Convention.

2. Please specify:

(a) The composition of the body tasked with the assessment and certification of persons with disabilities under the Equal Opportunities Act;

(b) The criteria of assessment and certification of persons with disabilities;

(c) The measures taken to implement provisions on reasonable accommodation and universal design, and the outcomes of the measures taken.

3. Please indicate whether a national strategy has been adopted to implement the National Policy for the Rights of Persons with Disability (para. 18). Please provide information on the government body or structure responsible for the implementation and monitoring of the policy, and on the human, technical and financial resources that have been allocated for its implementation. Please also provide updated information on the current activities of the consultative body for the Rights of Persons with Disability (para. 39) and clarify its role in the implementation of the policy.

4. Please provide information on measures taken by the State party to ensure the full and equal participation of persons with disabilities in legislative and policy formulation and in the implementation and monitoring of the Convention, such as the establishment of a permanent forum in which representative organizations of persons with disabilities participate.

5. Please specify the number of representative organizations of persons with disabilities, including organizations of women with disabilities and children with disabilities, that are engaged in awareness-raising and advocacy work, and the amount of funding for which they are eligible to apply.

* Adopted by the pre-sessional working group at its ninth session (12–16 March 2018).

[1] Unless otherwise indicated, paragraph numbers refer to the initial report of the State party (CRPD/C/MLT/1 and Corr.1).

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## B. Specific rights (arts. 5–30)

### Equality and non-discrimination (art. 5)

6. Please provide information on:

(a) Whether the Equal Opportunities Act provides for protection against intersectional and multiple discrimination;

(b) The number of complaints on disability-based discrimination received to date by the mechanism established under the Equal Opportunities Act and the outcome of these complaints, including redress, compensation and rehabilitation for the victims;

(c) The budget allocation for the National Commission for Persons with Disability (para. 7) to investigate complaints and provide victims with the necessary support.

### Women with disabilities (art. 6)

7. Please provide information on:

(a) Legislative and policy measures aimed at addressing aggravated forms of discrimination against women and girls with disabilities, particularly women and girls with psychosocial and/or intellectual disabilities;

(b) The number of women with psychosocial and/or intellectual disabilities who have been able to exercise their right to consent to sterilization under the National Policy on the Rights of Persons with Disability (para. 18).

8. Please specify whether the rights of women and girls with disabilities to education, employment, empowerment and advancement are mainstreamed in legislation and policies, in accordance with the Convention and taking into account Sustainable Development Goal 5.

9. Please specify the number of women with disabilities who have been victims of violence against women, of abuse and of neglect.

### Children with disabilities (art. 7)

10. Please provide detailed statistics on the number of children with disabilities who have been placed in foster care and at the Young People's Unit in Mount Carmel (para. 203). Please indicate the steps taken by the State party to deinstitutionalize children with disabilities, especially those with psychosocial and/or intellectual disabilities.

11. Please provide information on any measures taken by the State party to ensure that children with disabilities can freely express their views on all matters affecting them, including the development of relevant legislation and policies.

### Awareness-raising (art. 8)

12. Please provide updated information on the policy guidelines aimed at raising awareness about the rights of persons with disabilities and on the publication entitled "Rights, not Charity" (para. 40). Please indicate how media professionals are engaged in awareness-raising activities.

13. Please provide information on any measures taken by the State party to counteract the charity model of disability, which is still prevalent in the media (para. 43), and to revise the relevant legislation to bring it into accordance with the Convention. Please indicate whether these efforts are part of a comprehensive national strategy aimed at promoting awareness of the Convention and fostering respect for the rights and dignity of persons with disabilities.

### Accessibility (art. 9)

14. Please provide detailed information on the implementation of the Access for All guidelines (para. 46) and on the advisory status of the National Commission for Persons

with Disability to the Malta Environment and Planning Agency. Please indicate whether smaller buildings, such as housing with fewer than 30 units, are regulated under these guidelines.

15. In line with target 11.2 of the Sustainable Development Goals, please provide information on how accessibility standards in relation to transport and information and communications technology are monitored and evaluated and what sanctions are imposed in case of non-compliance. Please also provide information on any measures taken to address the findings of the research project conducted in 2013 by the Foundation for Information Technology Accessibility (para. 67).

**Situations of risk and humanitarian emergencies (art. 11)**

16. Please inform the Committee about the extent to which the General Emergency Plan includes specific measures to ensure the protection and safety of persons with disabilities (para. 71). Please update the Committee on whether the SMS emergency service for persons with hearing impairment is operational, and provide any data on its use (para. 72).

**Equal recognition before the law (art. 12)**

17. Please provide data on persons currently placed under guardianship, disaggregated by age and sex. Please explain how the Mental Health Act and the Guardianship Act (paras. 77 and 78) ensure that persons with psychosocial and/or intellectual disabilities are not subjected to substituted decision-making regimes. Please provide additional information on the implementation of supported decision-making mechanisms as provided for in the Committee's general comment No. 1 (2014) on equal recognition before the law.

**Access to justice (art. 13)**

18. Please clarify what legislative measures have been introduced to implement the concept of "procedural and age-appropriate accommodation" in order to allow persons with disabilities to access the justice system.

19. Please state how the Code of Organization and Civil Procedure and the Criminal Code ensure that persons with disabilities can participate directly and indirectly in the justice system (para. 83). Please indicate what measures are in place to provide training on the human rights model of disability enshrined in the Convention for members of the judiciary, police and prison personnel and all those directly or indirectly involved in the judiciary.

**Liberty and security of the person (art. 14)**

20. Please indicate whether the State party intends to repeal the provision in the Mental Health Act that provides for the involuntary detention or hospitalization of persons with a "mental disorder" (para. 86), in accordance with the Committee's guidelines on the right to liberty and security of persons with disabilities (see A/72/55, annex).

21. Please specify the number of persons who have been detained or hospitalized on the basis of their psychosocial and/or intellectual disability since the adoption of the Mental Health Act in 2012.

22. Please explain what budgetary measures have been taken by the State party to transfer persons with disabilities, including women and girls with disabilities and persons with psychosocial and/or intellectual disabilities, from inpatient care in hospitals to community-based services.

**Freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15)**

23. Please specify whether the preventive mechanism against torture under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment is inclusive of persons with disabilities and, if so, how the Optional Protocol is being implemented. Please indicate how representative organizations of persons with disabilities are involved in the implementation of the Optional Protocol.

24. Please specify whether the State party intends to repeal the section of the Mental Health Act that provides for the use of restraint and seclusion of persons with a "mental disorder" (para. 93).

**Freedom from exploitation, violence and abuse (art. 16)**

25. Please indicate what legislative and policy measures have been taken to mainstream the protection from violence of women and children with disabilities, in accordance with the Convention. Please also indicate whether shelters for victims of violence are fully accessible.

**Liberty of movement and nationality (art. 18)**

26. Please provide information about the situation of refugees and asylum seekers with disabilities in the State party. In particular, please indicate whether the centres where they are received and housed meet the accessibility standards set out in article 9 of the Convention and in the Committee's general comment No. 2 (2014) on accessibility.

**Living independently and being included in the community (art. 19)**

27. Please provide information on what legislative and policy measures are in place to promote the right to live independently and to be included in the community. In particular, please indicate whether there are any budgetary allocations:

(a) To enhance the right of persons with disabilities to choose where and with whom they live;

(b) For the provision of personal assistants.

28. Please indicate whether children with disabilities other than visual impairment are eligible to claim allowances through the Disability Pension (para. 107). Please provide updated information on the "Fair Society for All" project and the draft standards for residential services (para. 112), including how they are being implemented and monitored.

**Freedom of expression and opinion, and access to information (art. 21)**

29. In the light of the State party's recognition of Maltese Sign Language as an official language, please provide information on measures to promote the use of sign language in all areas of life.

**Education (art. 24)**

30. Please explain how the Education Act and the 1993 National Policy on the Education of Persons with Disability (paras. 132 and 133) promote and protect the right of persons with disabilities to inclusive education. Please provide information on measures taken to address disability-based discrimination in the education system.

31. Please specify whether, since the State party's ratification of the Convention:

(a) Any research has been conducted on the socioeconomic and cultural benefits of inclusive education;

(b) A policy has been put in place for the mandatory training of teachers and administrative staff on the right of children with disabilities to inclusive education, in accordance with the Committee's general comment No. 4 (2016) on the right to inclusive education;

(c) A body has been set up to oversee curricular development with a view to promoting inclusive education;

(d) Accessibility standards have been monitored within and outside schools.

32. Please provide statistical information on the number of cases of denial of reasonable accommodation in relation to access to inclusive education that have been reported since the State party's ratification of the Convention.

**Health (art. 25)**

33. Please provide information on the time frame for persons with "learning disabilities" to be able to exercise their right to "capacity to consent" to sexual and reproductive health care (para. 156). Please also provide information on the measures taken to train health-care professionals on the rights of persons with disabilities, in accordance with target 3.7 of the Sustainable Development Goals.

**Work and employment (art. 27)**

34. Please provide information on:

(a) Whether the State party intends to repeal article 17 (3) of its Constitution, which states that "disabled persons and persons incapable of work are entitled to education and vocational training" (para. 164);

(b) The criteria that determine the suitability to work of persons with disabilities;

(c) Whether non-compliance with the quota system provided for in the Disabled Persons (Employment) Act is monitored and whether sanctions are imposed in that regard (para. 166).

35. Please provide statistics on the number of cases of denial of reasonable accommodation that have been reported since the submission in 2014 of the initial report.

**Participation in political and public life (art. 29)**

36. Please provide information on:

(a) When the State party intends to withdraw its reservation to article 29 (i) and (iii) of the Convention (para. 3) and to guarantee the rights of persons with disabilities, particularly persons with visual impairment and persons with intellectual impairment, to vote by secret ballot;

(b) How persons with disabilities effectively exercise their right to participate in political and public life, including the right to vote and to be elected, and access information on the entire political process.

**Participation in cultural life, recreation, leisure and sport (art. 30)**

37. Please provide information on measures taken, since the State party's ratification of the Convention, to:

(a) Promote and protect the right of persons with disabilities to inclusive sport, leisure and recreational activities;

(b) Ratify the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled;

(c) Promote inclusive tourism.

## C. Specific obligations (arts. 31–33)

**Statistics and data collection (art. 31)**

38. Please provide updated data, disaggregated by age, sex and type of disability, on persons with disabilities in the State party. Please explain whether the national database of persons with disabilities has been created in line with international human rights indicators and target 17.18 of the Sustainable Development Goals (paras. 11–12 and 216), how the database tracks data on persons who have multiple disabilities, and whether the State party has been systematically collecting data on persons with disabilities.

**International cooperation (art. 32)**

39. Please provide information on how representative organizations of persons with disabilities are engaged in international cooperation, policies, programmes and measures,

particularly in the implementation of the 2030 Agenda for Sustainable Development. Please indicate to what extent persons with disabilities were involved in the preparation of the State party's voluntary national review for the meeting of the high-level political forum on sustainable development that was held in July 2018.

**National implementation and monitoring (art. 33)**

40. In relation to the Parliamentary Secretariat for Rights of Persons with Disability and Active Aging (para. 220), please provide information on:

(a) Who appoints the Secretariat members;

(b) The present composition and number of persons with disabilities serving on the board of the Secretariat;

(c) Whether the Secretariat is vested with jurisdiction to investigate complaints.

41. With reference to the Committee's guidelines on independent monitoring frameworks and their participation in the work of the Committee (see CRPD/C/1/Rev.1, annex), please provide information on the measures adopted to establish an independent monitoring mechanism in line with the principles relating to the status of national institutions for the promotion and protection of human rights (the Paris Principles), and to ensure the involvement of organizations representing persons with disabilities in this framework.

United Nations CRPD/C/MLT/Q/1/Add.1

# Convention on the Rights of Persons with Disabilities

Distr.: General
18 June 2018

Original: English
English, Russian and Spanish only

**Committee on the Rights of Persons with Disabilities**
**Twentieth session**
27 August–21 September 2018
Item 5 of the provisional agenda
**Consideration of reports submitted by parties to the Convention under article 35**

## List of issues in relation to the initial report of Malta

**Addendum**

## Replies of Malta to the list of issues*

[Date received: 4 June 2018]

* The present document is being issued without formal editing.

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## Used abbreviations

| | |
|---|---|
| AAC | Augmentative and Alternative Communication |
| ACM | Arts Council Malta |
| ACTU | Access to Communication and Technology Unit |
| AWAS | Agency for the Welfare of Asylum Seekers |
| AZ | Aġenzija Żgħażagħ (National Agency for Youth) |
| CCF | Corradino Correctional Facility |
| CMH | Commissioner for Mental Health |
| CPD | Civil Protection Department |
| CRPD | Commission for the Rights of Persons with Disability |
| DET | Disability Equality Training |
| EO | Education Officer |
| EOA | Equal Opportunities (Persons with Disability) Act |
| EOCU | CRPD Equal Opportunities Compliance Unit |
| FTS | Foundation for Tomorrow's Schools |
| HOD-Inclusion | Head of Department-Inclusion |
| ICT | Information and Communication Technologies |
| IEP | Individualised Education Plan |
| IRC | Initial Reception Centre |
| KLSM | Kunsill tal-Lingwa tas-Sinjali Maltin (Maltese Sign Language Council) |
| LSE | Learning Support Educator |
| LSM | Lingwa tas-Sinjali Maltin (Maltese Sign Language) |
| MBDP | Monitoring Board for Detained Persons |
| MCCAA | Malta Competition and Consumer Affairs Authority |
| MCH | Mount Carmel Hospital |
| MEDE | Ministry for Education and Employment |
| MFH | Ministry for Health |
| MFTP | Ministry for Foreign Affairs and Trade Promotion |
| MFCS | Ministry for the Family, Children's Rights and Social Solidarity |
| MTA | Malta Tourism Authority |
| NHRI | National Human Rights Institution |
| NSSS | National Schools Support Service |
| ODI | Office for Disability Issues |
| PA | Planning Authority (formerly part of MEPA Malta Environmental and Planning Authority) |
| PSP | Public-Social Partnership |
| SMT | Senior Management Team |
| TM | Transport Malta |
| UN CRC | United Nations Convention on the Rights of the Child |

| | |
|---|---|
| UN CRPD | United Nations Convention on the Rights of Persons with Disabilities |
| VO | Voluntary Organisation |
| YOURS | Young Offender Rehabilitation Service |
| YPU | Young People Unit, Mount Carmel Hospital |

## A. Purpose and general obligations (arts. 1–4)

### 1 – How legislation establishes a human rights model of disability

1. The shift to a human rights model was contingent on both reinforcing a shift in approach to the way disability is viewed in Malta, as well as the creation and/ or strengthening of necessary mechanisms to back up said approach.

2. Amendments to the Code of Organisation and Civil Procedure and to the Civil Code were necessary in order to ensure an appropriate portrayal of disability, and of persons with disabilities, through the language used. Thus, references to, for example, 'persons who are habitual idiots, insane, frenzied or prodigal' were done away with.

3. As to the Equal Opportunities (Persons with Disability) Act (EOA), the aim of the amendments described in Malta's initial report, as well as of those later effected in 2016, was twofold.

4. Firstly, it was necessary to ensure that definitions within in were congruent with a human rights approach to disability, and in particular, with the approach embodied in the UN CRPD. Thus, for example, the definition of 'disability' itself was amended, while the notion of 'auxiliary aids' was replaced with that of 'assistive means', also broadening the remit of this category.

5. The notions of disability-specific discrimination, in its direct and indirect forms, as well as the notion of reasonable accommodation, were strengthened, while the elements of the EU Framework Equality Directive (2000/78/EC) were also incorporated. These efforts were further built upon in 2016, such as through the introduction of new definitions covering 'communication' and 'language', and amendment of the definition of 'reasonable accommodation'.

6. Secondly, it was important to ensure that a framework was in place to ensure an improved rights overview in legislation, as well as enhanced justiciability and anti-discrimination provisions. Thus, the notion of multiple and intersectional discrimination was introduced into the Act, as was a new Title covering discrimination within the field of Health. A Bill of Rights was also inserted, with the term 'rights of persons with disability' being directly linked to the rights enumerated in the UN CRPD.

7. Furthermore, the National Commission for Persons with Disability (KNPD) was re-christened the Commission for the Rights of Persons with Disability (CRPD), side-by-side with legal changes to its structure being introduced, to render it both an independent mechanism as well as a monitoring mechanism, in terms of Article 33 (2) of the UN CRPD. The new Council for the Rights of Persons with Disability, introduced as part of these changes, fulfils the requirements of Article 33 (3), assuming the functions of the more informal Disabled Persons' Advisory Committee (DPAC) described in Malta's initial report. A further mechanism, the Consultative Council for the Rights of Persons with Intellectual Disability, was internally set up within the Commission, side by side with this Council, also in furtherance of Article 33 (3).

8. The 2016 amendments also introduced the 'Test of Reasonableness Board', tasked with reviewing any matters brought before it as to what is/ is not to be determined as 'reasonable' in terms of the Act.

9. The amendments to the legislation in question is only part of Malta's continued efforts to build and strengthen a human rights model of disability. These include, most notably, work currently being undertaken on the UN CRPD Bill and the Personal Autonomy Bill, as well as legislation adopted in 2016, tasked with further empowering certain categories of persons with disabilities as to their rights, specifically Deaf and Autistic persons. All these initiatives are discussed in the relevant responses to this List of Issues.

10. Furthermore, multiple and intersectional discrimination are also specifically mentioned in the Equality Bill currently before Parliament, which makes specific mention of disability. The same is the case with the Human Rights and Equality Bill, through which

a National Human Rights Institution (NHRI) will be set up, and on which CRPD will be represented *ex officio* by its Commissioner.

**2 (a) & (b) – Bodies tasked with the assessment and certification of persons with disability, and criteria for assessment**

11. The Equal Opportunities Act does not deal with the assessment and certification of persons with disabilities. The definition contained in Article 2 of said Act, and referred to in para. 13 of Malta's initial report is the general definition of 'disability' within Maltese law.

12. However, 3 entities currently certify persons with disability, for different purposes.

*CRPD*

13. CRPD currently issues disability-specific identification, on the basis of which certain concessions, such as reduced public transport rates, are obtainable. It also issues parking concessions ('Blue Badges'), in terms of recent legislation, the Parking Concessions for Persons with Disability Act (Cap. 560).

14. CRPD previously issued a 'Special ID'. Issuance of said documents has now ceased, in favour of the European Union (EU) Disability Card, in which scheme Malta participates through CRPD. The relevant register is compiled on the basis of an impairment-based assessment, on the basis of a medical certificate, with CRPD reserving the right to also conduct further enquiries if necessary. Impairment categories are closely aligned with the ones in Article 1 of the UN CRPD.

15. Blue Badges are issued after in-person assessment by a Medical Board, to which relevant documentation would have been forwarded. Cap. 560 specifies that said Board is to be made up of a medical doctor, a physiotherapist and an occupational therapist.

*JobsPlus*

16. JobsPlus, the national employment agency, maintains its own Register of Persons with Disability, in terms of the Persons with Disability (Employment) Act (Cap. 210), and related subsidiary legislation. Entry on said Register allows persons with disability to benefit from job matching, specific schemes and vocational training, and to also be eligible to be employed within the framework of a company's quota obligation.

17. Assessment and certification for this purpose is on the basis of a prescribed form and a medical certificate, classifying the applicant as a person with disability in terms of the definition contained in Cap. 210.

*Department of Social Security*

18. The Department of Social Security (DSS) currently certifies persons as persons with disability, for the purposes of being able to claim disability benefits in terms of Article 27 of the Social Security Act (Cap. 318), and specifically: Disability Allowance (formerly, Disability Pension), Severe Disability Allowance, Increased Severe Disability Allowance, Allowance for Visual Impairment, and in terms of Article 77, and specifically the Disabled Child Allowance.

19. Assessment is impairment-based, and occurs through proving a specific category of impairment listed in the Act, together with having the impairment assessed against the Barthel Index, and before a multi-disciplinary board, in terms of Article 106(f) in case of applications for Increased Severe Disability Allowance, following the 2017 amendments to the Act. Relevant application documentation was also revised then, for all categories of disability benefits. The Article 106(f) multi-disciplinary board consists of a psychiatrist or geriatrician, a psychologist, an occupational therapist and a social worker. The board can also perform home visits when necessary.

20. Allowance rates are determined according to Schedules to the Act, commensurate to the type and severity of impairment assessed. These were also recently revised upwards, with a goal of bringing disability benefits at a par with the national minimum wage, while

the eligibility range on the Barthel scale for Increased Severe Disability Allowance is in the process of being doubled.

21. The system used by the DSS is currently being ported over to a functioning-based one, and it had engaged both the Office for Disability Issues (ODI) and the Autism Advisory Council, among other stakeholders, to assist in this process. The aim is to shortly prepare a Memorandum for Cabinet, explaining the proposed changes, in order that legislative and practical changes can then be initiated towards this end.

**2 (c) – Measures and Outcomes – Reasonable Accommodation, Universal Design**

22. Through Legal Notice 162 of 2016, CRPD is considered as a statutory committee vis-à-vis the Planning Authority (PA). By virtue of said legislation, all development planning applications are automatically referred to CRPD for a detailed accessibility assessment.

23. Said legislation also identifies CRPD as an external consultee with representatives in the PA.

24. Furthermore, any conditions imposed by CRPD are included in the PA permit. Once the building/development is completed, the applicant will have to present a CRPD clearance/certificate, without which the PA Compliance Certificate will not be issued.

25. Applications falling within said legislation's remit include public spaces like hospitals, clinics, restaurants and offices which have a floor area of 75 square meters and more, industrial buildings, pavements, social clubs, gyms, playing fields, banks, churches and blocks of apartments and housing authority apartments.

26. CRPD also attend PA once a week for pre-consultations meetings, carry out site inspections in connection with Equal Opportunities Compliance Unit (EOCU) cases, and are accorded the role of Secretary of the Test of Reasonableness board.

**3 – (i) Adoption of National Disability Strategy**

27. A consultation document was drawn up and disseminated by the Parliamentary Secretariat (Junior Ministry) for the Rights of Persons with Disability (PSDAA) in 2016, as the basis for a Public Consultation. In 2017, the new Government put forward an electoral manifesto pledge to ensure a National Implementation Strategy.

28. The Junior Ministry responsible tasked ODI to ensure that said Strategy is promulgated and formally launched by the end of 2018, and that it ensures that structures are in place for its implementation thereafter.

29. ODI has been working on an exercise of bringing together all feedback received through the Public Consultation, and also from other entities and experts, in order to update the 2016 consultation document accordingly, and formally publish and launch it within the stipulated timeframe, through an inclusive, participatory exercise, and in a variety of formats.

**3 – (ii) Structures and Resources for Implementation and Monitoring of Policy**

30. The relevant mechanisms within ODI will then be responsible for the technical implementation of the Strategy, while CRPD will be responsible for oversight in monitoring said implementation, as will the new NHRI, the Human Rights and Equality Commission, being set up by virtue of the Human Rights and Equality Bill currently before Parliament.

31. Human resources for the latter will be regulated by the relevant Act, and are regulated by the EOA for the former, while legislation is currently in the pipeline that will also regulate ODI's human resources. Such legislation also/ will also partially cover/s technical resources for these institutions, the rest, together with financial resources, being covered through annual Budget votes.

**3 – (iii) Consultative Bodies**

32. The body in question was the Fair Society Action Council (Kumitat Socjetà Ġusta), which produced the National Disability Policy, by engaging with stakeholders, and organising matters internally through working groups.

33. The Council has now been incorporated into ODI, also the entity now tasked with implementing said Policy, as the Consultation mechanism within said Office, as further described in paragraph 35.

34. Consultative structures have since also been set up within the equality body, CRPD, following its legal designation as Malta's independent monitoring mechanism, as further explained in paragraph 37.

**4 – Participation of persons with disability in legislative and policy formulation**

35. The Fair Society Action Committee, described in paragraphs 32 and 33, is now being integrated into Malta's restructured national focal point in government for UN CRPD implementation, in terms of Article 33(1) UN CRPD, ODI. It shall be the consultative arm of ODI, with different formations of civil society representatives, consisting of groupings made up exclusively of persons with disability, and groupings with parents, siblings and other supporters. Representatives of the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing (PSDAA) and CRPD will also be engaged by this structure.

36. Furthermore, a Government electoral pledge, currently being implemented by ODI, mandated that persons with disability be represented on all major Government Boards. The implementation of this pledge is well under way, and is also being extended to ensure representation on all non-major Boards too.

37. Within CRPD, the equality body formally legally defined as Malta's independent monitoring mechanism in terms of Article 33(2) UN CRPD, through the 2016 amendments to the EOA, 2 such mechanisms exist. It consults with persons with disability, DPOs (Disabled People's Organisations) and CSOs (Civil Society Organisations) through its Council on the Rights of Persons with Disability, in terms of Article 24 of the EOA — with 9 seats out of 15 on said Council designated for DPOs and CSOs. Furthermore, CRPD's UN CRPD Unit is also responsible for KCC – Council for Persons with Intellectual Disability, a consultative pool of 33 individuals with intellectual and developmental disability, who are consulted in all matters also run by the earlier-mentioned Council.

38. The structures outlined in the previous 2 paragraphs were all set up with the goal of fulfilling the requirements laid out in Article 33 (3) of the UN CRPD.

**5 – (i) Representative organisations of persons with disability**

39. Kindly refer to table below. No specific organisations of or for women and children with disability currently exist, although associations of or for persons with developmental disability usually focus most of their efforts on the childhood sector, while Għaqda Żgħażagħ b' Diżabilità is a youth association. Service Providers listed also engage in awareness-raising and advocacy work.

**Table 1**

| | | |
|---|---|---|
| 1 | Dar Tal-Providenza | Service Provider |
| 2 | Fondazzjoni Arka | Service Provider |
| 3 | Fondazzjoni Equal Partners | Service Provider |
| 4 | Fondazzjoni Nazareth | Service Provider |
| 5 | Fondazzjoni Servizzi Ta' Respite Care | Service Provider |
| 6 | Fondazzjoni Wens | Service Provider |

| | | |
|---|---|---|
| 7 | Fond Ghar-Rijabilitazzjoni Tal- Fizikament Handikappati (Fund For The Rehabilitation Of The Physically Handicapped) | Service Provider |
| 8 | Inspire (Il-Fondazzjoni Eden U Razzett) | Service Provider |
| 9 | Malta Hospice Movement | Service Provider |
| 10 | Muscular Dystrophy Group | DPO |
| 11 | Richmond Fellowship Of Malta Foundation | Service Provider |
| 12 | Adhd Family Support Group | DPO |
| 13 | Assocjazzjoni Down Syndrome | NGO |
| 14 | Assocjazzjoni Ghas-Sahha Mentali (Mental Health Association) | NGO |
| 15 | Assocjazzjoni Tal-Artrite U R-Rewmatizmu (Aram) (Arthritis And Rheumatism Association) | DPO |
| 16 | Caritas Malta Epilepsy Association | DPO |
| 17 | Malta Federation Of Organisations Of Persons With Disability (Mfopd) | Umbrella NGO |
| 18 | Fondazzjoni Hajja Indepindenti (Independent Living Foundation) | Service Provider |
| 19 | Gozo Aid For The Visually Impaired (Gavi) | DPO |
| 20 | Gozo Association For The Deaf | DPO |
| 21 | Ghaqda Hbieb Sptar Monte Carmeli (Association Of Friends Of Mount Carmel Hospital) | NGO |
| 22 | Ghaqda Maltija Ta' Persuni Neqsin Mid-Dawl (Malta Association For The Visually Impaired) | DPO |
| 23 | Ghaqda Nazzjonali Genituri Ta' Persuni B' Dizabilita' (National Association Of Parents Of Persons With Disability) | NGO |
| 24 | Ghaqda Persuni Neqsin Mis-Smiegh (Deaf People Association) | DPO |
| 25 | Hbieb Tac-Centru Ta' Matul Il-Jum (Association Of Friends Of Day Centres) | NGO |
| 26 | Hbieb Ta' L-Agenzija Sapport (Friends Of Agenzija Sapport) | NGO |
| 27 | Living Ability And Not Disability (Land) | DPO |
| 28 | Malta Cochlear Implant Association | NGO |
| 29 | Multiple Sclerosis Society Of Malta | DPO |
| 30 | Torball Society Of The Blind | NGO |
| 31 | Fondazzjoni Bormliza Ghall-Persuni B' Dizabilita' (Cospicua Foundation For Persons With Disability) | NGO |
| 32 | Parocca Immakulata – Grupp Persuni B' Dizabilita' (Mary Immaculate Parish – Group For Persons With Disability) | NGO |
| 33 | S.T.A.N.D. | NGO |
| 34 | Ghaqda Filantropika Genituri U Persuni B' Dizabilita' (Philantropic Association For Parents And Persons With | NGO |

| | | |
|---|---|---|
| | Disability) | |
| 35 | Grupp Persuni B' Dizabilita' (Group For Persons With Disability) | NGO |
| 36 | Grupp Gwardjola | NGO |
| 37 | Grupp Solidarjeta' Persuni B'dizabilita' (Group For Solidarity With Persons With Disability) | NGO |
| 38 | Grupp Djalogu Familji B' Persuni B' Dizabilita' (Group For Dialogue For Families Of Persons With Disability) | NGO |
| 39 | S.T.A.R.S. | NGO |
| 40 | Amputees For Amputees | DPO |
| 41 | Dar Pirotta | Service Provider |
| 42 | Autism Parents Association (Apa) | NGO |
| 43 | Malta Parkinson's Disease Association | NGO |
| 44 | Special Olypmics Malta | Service Provider |
| 45 | Malta Guide Dogs Foundation | DPO |
| 46 | Grupp Flimkien Naslu (Together We Will Reach Our Goal) | DPO |
| 47 | Breaking Limits | DPO |
| 48 | Evviva | Umbrella DPO |
| 49 | The Association For Assistive Devices For Visually Impaired Persons (Advice) | DPO |
| 50 | Kummissjoni Hbieb Ghall-Morda U Persuni B' Dizabilita' (Commission Of Friends To Infirm Persons And Persons With Disability) | NGO |
| 51 | Ghaqda Zghazagh B' Dizabilita' (Association Of Youths With Disability_ | NGO |
| 52 | The Marigold Foundation | NGO |
| 53 | National Ailiance For Rare Disease Support (Malta) | NGO |
| 54 | Als Malta Foundation | NGO/Service Provider |
| 55 | Service Dogs Malta Foundation | Service Provider |
| 56 | Fondazzjoni Zvilupp Tal-Lingwa Tas-Sinjali Maltija (Foundation For The Development Of Maltese Sign Language) | NGO |
| 57 | Moviment Favur Id-Drittijiet Ta' Persuni B'dizabilita' (Movement For The Rights Of Persons With Disability) | NGO |
| 58 | Kunsill Malti Tal-Persuni B'dizabilita' (Malta Council For Persons With Disability) | NGO |
| 59 | Jeanne Antide Foundation | NGO/Service Provider |
| 60 | Fondazzjoni Suret Il-Bniedem (Shape Of Humanity Foundation) | NGO/Service Provider |
| 61 | Gozo Mental Health Association | NGO |

**5 – (ii) Amount of funding for which these organisations are eligible to apply**

40. For the purposes of this table, Voluntary Organisations (VOs) are those organisations registered with the Commissioner for Voluntary Organisations, in terms of the Voluntary Organisations Act (Cap. 492).

**Table 2**

| *Scheme* | *Awarding Entity* | *Amount Available (€)* | *Eligible Applicants* |
|---|---|---|---|
| A4U (Assistance for You) Scheme | Agenzija Żgħażagħ (National Agency for Youth) | 1 500 | Organisations and Youth Groups |
| Arts Council Malta (ACM) | President's Award for Creativity | 2 000–6 000; 8 000 for joint submissions | Registered VOs and Legal Entities working with vulnerable and disadvantages groups |
| Asylum, Migration and Integration Fund | Ministry for European Affairs and Equality (MEAE) | 1 500 000 (co-financing not exceeding 75% of total cost) — Asylum and Reception strand;<br>1 200 000 (co-financing not exceeding 75% of total cost) — Integration strand | Registered VOs |
| Be Active | Agenzija Żgħażagħ | 2 000 | Registered Youth VOs developing projects or services |
| Civil Society Fund | Malta Council for the Voluntary Sector | 6 000 (co-financing not exceeding 80% of total cost) | Registered VOs |
| Creative Communities | Arts Council Malta (ACM) | 5 000 (co-financing) | Registered VOs |
| EEA & Norway Grants Malta NGO Programme | SOS Malta | At least 10% to be allocated to children or youth-driven activities targetting children & youth;<br>Priority Axis 1: Strengthening civil society through the development and consolidation of NGO Networks and platforms and the improvement of their advocacy and representation activities — 20 000– 50 000;<br>Priority Axis 2, strand 1: Social and Human Rights Projects including the following thematic areas: human rights and anti-discrimination, in particular issues related to [...] people living with | Registered VOs |

| *Scheme* | *Awarding Entity* | *Amount Available (€)* | *Eligible Applicants* |
|---|---|---|---|
| | | disability [...] — 12 000–36 000 | |
| Erasmus+ — EU Programme for Education, Training, Youth and Sport | European Union Programmes Agency | Various Strands | Registered VOs & Other Entities |
| Fond Festi Inklussivi (Inclusive Festas Fund) | Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing (PSDAA) | 10 000 | Registered VOs involved in Maltese Traditional Village Festas |
| Fund for Voluntary Organisations | Malta Community Chest Fund (MCCF) Foundation | Case-by-Case Basis (co-financing not exceeding 90% of total cost), total fund: 1 000 000 | Registered VOs in the Social field |
| Gozo NGO Fund | Ministry for Gozo | 5 000 | Registered VOs based in the island region of Gozo |
| National Lotteries Good Causes Fund | Ministry of Finance | Case-by-Case | Registered VOs |
| NGO Co-Financing Fund | Parliamentary Secretariat for Sports, Youth and Voluntary Organisations | Calculated on a Case-by-Case basis | Registered VOs |
| Official Development Assistance (ODA) | Ministry for Foreign Affairs and Trade Promotion (MFTP) | Case-by-Case basis (co-financing not exceeding 75% of total cost) | Registered VOs involved in overseas work in relation to Agenda 2030 |
| Organisational Grants | The Marigold Foundation | Case-by-Case Basis | Organisations and Social interest Groupings |
| Small Initiatives Support Scheme (SIS) | Malta Council for the Voluntary Sector | Case-by-Case Basis, total fund: 100,000 | Registered VOs engaged in projects making a difference in their local communities |
| Sustainable Development Fund | Ministry for the Environment, Sustainable Development and Climate Change (MESDC) | 10 000 (co-financing not exceeding 75% of total cost) | Registered VOs engaged in work linked to the UN Sustainable Development Goals (SDGs) |
| Training Initiatives Scheme | Malta Council for the Voluntary Sector | 9 000 (Training Programmes for Individual Volunteers); 22 000 (Training Programmes for VOs) | Registered VOs |

| *Scheme* | *Awarding Entity* | *Amount Available (€)* | *Eligible Applicants* |
|---|---|---|---|
| Training Sponsorships for Voluntary Organisations | Ministry for the Family, Children's Rights and Social Solidarity (MFCS) | Case-by-Case Basis, total fund: 135 000 | Registered VOs |
| Voluntary Organisations Project Scheme (VOPS) | Ministry of Education and Employment (MEDE) | Case-by-Case Basis, total fund: 700 000 | Registered VOs |
| Youth Voluntary Work Scheme | Malta Council for the Voluntary Sector | Placement of Youth Volunteers with registered VOs | Registered VOs |

41. The Ministry for the Family, Children's Rights and Social Solidarity (MFCS) also negotiates Public-Social Partnerships (PSPs) with a number of Non-Governmental Organisations (NGOs) and Service Providers, on a case-by-case basis. *Ad hoc* funding requests by organisations are similarly entertained on a case-by-case basis.

42. Furthermore, while all the organisations listed in Table 1 are eligible for the funding described in Table 2, some of the listed organisations are also grant-making themselves.

## B. Specific rights (arts. 5–30)

### Equality and non-discrimination (art. 5)

#### 6 (a) – Protection against intersectional and multiple discrimination

43. Such discrimination is covered by the EOA, by the Equality for Men and Women Act (Cap. 456), by the Equality Bill currently before Parliament, by the National Policy on the Rights of Persons with Disability, by the National Children's Policy, and through the provisions of the Mental Health Act. Such forms of discrimination are also being tackled in the upcoming National Disability Strategy, the UN CRPD Bill currently being prepared, and in legislation being drafted to implement the UN Convention on the Rights of the Child (CRC) into domestic law.

#### 6 (b) – (i) Complaints on disability-based discrimination received under the EOA

44. The following statistics relate to complaints concerning Access to Transport.

**Table 3**

| *Year* | *Public Sector* | *Private Sector* | *Total* |
|---|---|---|---|
| 2012 | | 9 | 9 |
| 2013 | | | |
| 2014 | 1 | 2 | 3 |
| 2015 | | 2 | 2 |
| 2016 | 3 | 1 | 4 |

*Source:* CRPD EOCU.

45. The following statistics relate to complaints concerning Access to Information and Communications Technologies (ICT).

**Table 4**

| *Year* | *Public Sector* | *Private Sector* | *Total* |
|---|---|---|---|
| 2012 | | | |
| 2013 | | | |
| 2014 | 1 | 5 | 6 |
| 2015 | 2 | 2 | 4 |
| 2016 | 1 | 1 | 2 |

*Source:* CRPD EOCU.

46. Statistics relating to denial of reasonable accommodation in the field of Education are reported in paragraph 241.

47. Statistics relating to denial of reasonable accommodation in the field of Employment are reported in paragraph 255.

**6 (b) – (ii) The outcome of these complaints, including redress, compensation and rehabilitation for the victims**

48. Most complaints are solved amicably. However, certain complaints do proceed to the courts, and CRPD is also involved in such matters. EOCU or CRPD are not empowered to provide redress, compensation or rehabilitation to victims in terms of current legislation. However, they assist victims in obtaining any redress, compensation and rehabilitation that they are entitled to, from the appropriate source, in terms of current legislation, and have also assisted victims in pursuing separate civil actions.

**6 (c) – CRPD's budget allocation in connection with complaints**

49. CRPD (formerly the National Commission for Persons with Disability), as a regulator, does not support victims, but assists victims by redirecting them to other entities, as specified in paragraph 48.

50. The annual budget for the teams that investigate complaints are €130,000 for the EOCU, and €119,000 for the Accessibility Teams. No budget is available for provision of support, further to the considerations outlined in paragraph 48 above.

## Women with disabilities (art. 6)

**7 (a) – Legislative and policy measures aimed at addressing the aggravated forms of discrimination against women and girls with disability**

51. The same legislation and policies discussed in paragraph 43 are equally applicable in this instance.

**7 (b) – Women with psychosocial and/or intellectual disability who exercised the right to consent to sterilisation**

52. Malta's first Periodic Report stated that the issue would be addressed in the National Policy on the Rights of Persons with Disability, which indeed spoke about the necessity of all persons with disability, and not only women and girls, to be allowed free and informed consent to all such procedures.

53. In 2016, there was only one case of a patient who had previously been a resident at Mount Carmel Hospital (MCH) but had actually been living in the community for a number of years, prior to undergoing a tubal ligation procedure. No medical intervention is carried out without the consent of the patient or of a 'responsible carer' in terms of the Mental Health Act (Cap. 525), and this is further subject to the oversight and confirmation of the Commissioner for Mental Health (CMH).

54. Currently, the only bars to exercising such consent are restrictions to legal capacity, being addressed by the new Personal Autonomy Bill, further discussed in paragraph 120.

55. The Mental Health Act still requires free and informed consent for such procedures, by persons of any gender, even when a person is involuntarily committed, and, furthermore, said consent must be given in writing.

56. Such procedures are also banned with respect of minors of any gender, being persons under 18 years of age.

**8 – Whether the rights of women and girls with disability, in relation to education, employment, empowerment and advancement, are mainstreamed in legislation and policies**

57. Yes, equal rights in all these areas are mainstreamed through relevant legislation and policies, with specific reference to such also being made in Article 3(5) in the EOA's Bill of Rights, in the Equality for Men and Women Act (Cap. 456), and in the Equality Bill currently before Parliament.

**9 – Women with disability who were victims of violence against women, abuse and neglect**

58. Aġenzija Appoġġ, the national agency for the welfare of children, families and the community, within which the national Domestic Violence Unit was set up, does not specify in its database records whether a given service user is a person with disability. However, whenever a service user is a person with disability, adequate shelter and supported are ensured, in collaboration with Aġenzija Sapport, the national service provision agency for persons with disability.

59. Furthermore, statistics in this regard can also be drawn from the number of women with disability admitted to domestic violence shelters, with numbers since 2014 reported in paragraphs 159–168.

60. Aġenzija Sapport reported that since it became a legally independent entity in 2016, it dealt with 40 cases falling under this category. The difficulty, however, lies in separating the three categories of violence, abuse and neglect, since very often violence against women is perpetrated through abuse and/or neglect.

61. CRPD also registered reports of 2 cases of women with disability who were victims of domestic violence, since the 2016 reforms designating CRPD as an independent regulator. CRPD stated that there are definitely more unreported cases, and that it was currently involved in a European Union initiative relating to this area.

62. Support to these women, including legal support, is also provided by 2 civil society initiatives, the Women's Rights Foundation, and Victim Support Malta.

## Children with disabilities (art. 7)

**10 – (i) Children with disability placed in foster care**

63. The following statistics cover children within different disability categories, including psychosocial disability.

**Table 5**

| *No.* | *Name of Children* | *Date of Placement* |
|---|---|---|
| 1 | Child 1 | 06.09.2010 |
| 2 | Child 2 | 08.06.2011 |
| 3 | Child 3 | 12.06.2009 |
| 4 | Child 4 | 01.08.2012 |

| *No.* | *Name of Children* | *Date of Placement* | |
|---|---|---|---|
| 5 | Child 5 | 28.06.2001 | |
| 6 | Child 6 | 13.02.2006 | |
| 7 | Child 7 | 14.05.2013 | |
| 8 | Child 8 | 23.10.2014 | |
| 9 | Child 9 | 24.05.2012 | |
| 10 | Child 10 | 09.02.2018 | |
| 11 | Child 11 | 09.09.2014 | |
| 12 | Child 12 | 31.12.2015 | adopted in the process |

*Source*: Agenzija Appogg, Looked After Children Unit.

**10 – (ii) Children at the Young People Unit in Mount Carmel Hospital**

64. No placements occur at the Young People Unit (YPU), since it is not a residential facility, but rather, an acute paediatric psychiatric ward at Mount Carmel Hospital. Stays at the YPU are kept to the minimum possible duration, with the aim of the child in question being transferred to the relevant entity, ex. Agenzija Appogg, as soon as practicable. Efforts towards ensuring further community-based support for these children is being continuously discussed between YPU administrators and different entities, including the Commissioner for Children, as further outlined in paragraph 67 of this document.

65. There are 274 children, for this purpose classified as persons under 18 years of age, within YPU as present, with 141 being classified as males, and 133 as females.

**10 – (iii) Steps taken by the State party to deinstitutionalise children with disability**

66. The Commissioner for Children (CFC) monitors the YPU on an annual basis, with the most recent visits having been around Christmas of 2016, and in January 2018, and also attends whenever called there concerning particular issues. It is currently in discussions with the YPU director to set up a Parent-Carer Forum, as a step towards institutionalisation. It has also initiated discussions towards the setting up of an Inter-Ministerial Committee on the matter. The CFC has also insisted that appropriate services be sourced for juvenile delinquents currently at YPU, who are not children with psychosocial disability, and has engaged Agenzija Appogg concerning the matter.

67. As to all children in YPU, the CFC advocated for Independent Living skills to start being taught to these children, to prepare them for successful deinstitutionalisation and re-integration into the community. Her Office did this further to stating the objective of deinstitutionalisation specifically in Policy Action 11 of the National Children's Policy, promulgated by said Office in 2016. Furthermore, together with Arts Council Malta (ACM), and under the patronage of the President's Award for Creativity, it also organised a project to put forward and empower Children's Voices. Meanwhile, the CFC is engaging stakeholders in order to develop a long-term plan for services within the community, as well as community-based centres to deal with acute episodes, rather than committal to a paediatric psychiatric ward within an adult psychiatric hospital.

68. This was also echoed by the CMH, in his last Annual Report for 2016. The CMH also made reference to emerging drug use patterns in young people under 30 years of age, which currently amount for a third of all involuntary committals, according to yet unpublished statistics. Therefore, these efforts to deinstitutionalise children from this setting have added relevance, moving them away from possible further danger.

**11 – Measures to ensure that children with disability can freely express their views**

69. The CFC convenes the Council for Children, in terms of Article 12 of the Commissioner for Children Act (Cap. 462). The Council currently includes, and has

included, children with disability. However, this is not due to a quota system, since the CFC aims to mainstream inclusion as far as possible in all its activities, in the same way as it does not set quotas for participation by girls with disability. Children are selected by their peers at the annual 'Rights 4U' live-in, with 2 children changing every year. 4 Council meetings a year are also held.

70. The Council discusses matters related to legislation and policies affecting children's rights, with the discussions being facilitated by trained staff in an age-appropriate manner. All meetings and related events are mainstreamed with regard to accessibility, with adjustments further being carried out with respect to particular needs of certain children, such as dietary needs and disability-specific needs, and personal assistants also joining where necessary.

71. As to specific events eliciting input from children aside from Council meetings, in 2017 the CFC participated in 16 days of activism against Domestic Violence, where a Focus Group was set up, and additionally feedback was also elicited during class visits, and through a session in Parliament, with the aim of ensuring that children's voices reach decision-makers. The CFC also follows up with stakeholders concerning this feedback, and disseminates it, such as through its Annual Reports.

72. The CFC also participated in the Mental Health First Aid campaign coordinated by the Richmond Foundation, and elicited feedback from children on the topic of mental health as opposed to mental illness. 12 children, between the ages of 13 and 15, of different genders, from different Colleges and selected to ensure a balanced geographical representation, participated in this initiative.

73. This was a Youth Participation Project within ENYA (European Network of Young Advisors)'s framework. It was implemented through workshops held every Thursday at the CFC's premises, with input being used to factor into a joint statement by all Commissioners in Malta, tackling different sectors, at their Annual Conference. Recommendations included the fact that there were no services specifically for children with eating disorders in Malta yet, as well as the need for change in parents' attitudes, as well as for more research, and engagement with the media.

74. The CFC also puts forward the voices of children, including of children with disability, through its participation in the structures of ENOC (European Network of Ombudspersons for Children).

75. The initiatives in connection with legislation implementing the UN Convention on the Rights of the Child (UN CRC) and the UN CRPD into domestic law, also described elsewhere in these responses, will further entrench children with disability's guarantees in freely expressing their views on all matters affecting them. Inclusion into the National Disability Strategy will also be discussed.

## Awareness-raising (art. 8)

### 12 – (i) Updated information on the policy guideline aimed at raising awareness on the rights of persons with disability

76. The policy guidelines referred to in para. 40 of Malta's first Periodic Report referred to services and approaches for working with persons with disability who exhibited 'challenging behaviour', and were not related to the media.

### 12 – (ii) Updated information on the publication *Rights Not Charity*, and how media professionals are engaged in awareness-raising activities

77. As to the *Rights Not Charity* publication, and similar initiatives by way of follow-up, CRPD is continuously in touch with the Maltese Institute of Journalists (IGM), the Broadcasting Authority (BA) and Public Broadcasting Services Ltd (PBS). ODI is also partnering with the Autism Advisory Council and with CRPD, in order to approach media houses for a new round of follow-up, and discuss not only the portrayal of persons with disability in the media, but also present and discuss acceptable language use guidelines.

Engagement of media stakeholders is also covered by the National Policy for the Rights of Persons with Disability, and is being written into the National Disability Strategy.

**13 – (i) Measures taken by the State party to counteract the charity model of disability still prevalent in the media**

78. Further to the initiatives described in paragraph 77, the BA also keeps continuous contact with CRPD on matters of portrayal of persons with disability.

79. During the last months, BA discussed this matter with CRPD, and in December 2018, it held a half-day workshop with stakeholders to sensitise them on the subject of portrayal and representation of persons with disability. During this workshop, the stakeholders were also informed of some of the best practices which they need to include in their programming. During this workshop, the BA went through Subsidiary Legislation 350.17 – Requirements as to Standards and Practice applicable to Disability and its Portrayal in the Broadcasting Media, and further discussed any queries which the stakeholders had with regards to the portrayal of disability.

80. Furthermore, during 2017, no official complaints were received by the BA on the matter of portrayal of disability, and thus no action was taken in this regard.

**13 – (ii) Measures to revise the relevant legislation in line with the Convention**

81. The issue of amendment to legislation is also being discussed between ODI and CRPD as regulator, and will be broached further following the initiative described in paragraph 77, and through the involvement of all relevant stakeholders.

## Accessibility (art. 9)

**14 – (i) Implementation of the "Access for All" guidelines**

82. The PA's Development Control Design Policy Guidance and Standards, promulgated in 2015, insist that development proposals need to adhere to the policies and standards established by the CRPD, through the 'Access for All' Guidelines. These were further strengthened through the adoption of National standards by the Malta Consumer and Competition Affairs Authority (MCCAA), responsible for standardisation matters, also in 2015. Bearing reference SM 3800, the 'Access for All in the Built Environment' Standards added on to the 'Access for All' Design Guidelines' criteria.

83. The latter, aimed at indicating which elements have to be present in order to specifically ensure that the final design of a building is not discriminatory to persons with disability, due to affording them less/ no physical/ sensorial access, were also aided in their implementation through the issuing of MEPA (now PA) Circular 2/14. This Circular was issued in terms of powers granted to the PA by national development planning legislation. The Circular further built upon CRPD's Accessibility Checklist, containing a number of guidelines for architects and planners, to help them ensure that their designs were in line with PA requirements.

84. Applications are finally assessed and vetted by the Planning Authority (PA), according to its own structures and rules, and it also has the final say over the planning application process. However, disagreements over accessibility criteria can be brought before CRPD's Test of Reasonableness Board, created following the 2016 amendments to the EOA. While the Board's recommendations can still be 'overruled' by the PA on the basis of wider considerations, and although CRPD technically has an advisory and assistive role towards the PA, CRPD is accorded considerable soft authority by the PA.

**14 – (ii) The advisory status of CRPD to the PA**

85. PA's relationship with CRPD follows agreed protocol as per PA Circular 2/14. The protocol regulates development planning applications in terms of the 'Access for All' Guidelines. Personnel from CRPD hold office hours within the PA's offices, and advise and

assist architects and interested parties with queries as to ensuring compliance with relevant regulations.

**14 – (iii) Whether smaller buildings, such as those with less than 30 units, are also regulated under these guidelines**

86. All development proposals (summary or full development applications) are referred to CRPD for consultation, while any exceptions are processed under the framework of PA Circular 2/14.

**15 – (i) Monitoring and Sanctions – Transport Accessibility**

*Civil Aviation*

87. Transport Malta (TM) is responsible for monitoring and enforcing the rights of persons with disability and with reduced mobility as regulated by the Civil Aviation (Rights of Disabled Persons and Persons with Reduced Mobility) Regulations (S.L. 499.50), implementing Regulation (EC) 1107/2006. This legislation places the responsibility for oversight on the Director-General, Civil Aviation. Oversight is carried out through periodical audits, and through the airport certification process.

88. Any person or entity who obstructs or impedes the Director-General in the exercise of any powers or directives under the Regulation will be liable to a fine of between €232.94 and €1164.69, while any person or entity contravening the Regulation itself will be liable to a fine of between €465.87 and €2329.37.

*Public Transport*

89. TM is also responsible for monitoring compliance with the standards in Table 6 below, and applies any relevant sanctions contained therein, in case of non-compliance. 'Concession Agreement' refers to the terms agreed between TM and the local public bus transport operator, dated 8th January 2015, and tabled before the House of Representatives. SL 499.56 refers to the Passenger Transport Services Regulations.

**Table 6**

| | *Schedule* | *Clause* | *Description* | *Penalty* |
|---|---|---|---|---|
| Concession Agreement | Schedule 4 – Buses | 4 a | Be at least Euro 5 compliant, be accessible to wheelchair users without the need of assistance from third parties except to extend the ramp by the driver. | Bus will not be approved by the Authority |
| Concession Agreement | Schedule 4 – Buses | 8 | Buses must be accessible to wheelchair users without the need of assistance from third parties except to extend the ramp by the driver, which ramp must function correctly whether manually or automatically at all times. | €1,000/ day/ bus |
| Concession Agreement | Schedule 4 – Buses | 9 | Buses must contain at least two priority seats which are allocated for priority use of persons with mobility impairment, pregnant women, persons carrying infants and for the elderly and which are clearly marked as such by the Operator. There shall be no steps between the entrance to the bus and such seats. | €500/day/ bus |

| | *Schedule* | *Clause* | *Description* | *Penalty* |
|---|---|---|---|---|
| Concession Agreement | Schedule 4 – Buses | 15 | Buses must be equipped with adequate public announcement system, including speakers, which shall be installed throughout the Bus. This system shall be used to automatically announce the name of next Bus Stop. | €50/day/ bus |
| Concession Agreement | Schedule 4 – Buses | 17 i | Buses must be equipped with the following electronic displays with information which shall be legible from a distance of ..... 5mt at any time<br>One or more in the interior which display the next Bus Stop on the Bus Route as well as the final destination point and which are positioned in such a way as to allow all passengers to read the information on the same. | €50/day/ bus |
| Concession Agreement | Schedule 10 – Buses | 48 | All equipment which is utilized by the general public shall be designed to allow and facilitate use by persons with disability and/or restricted mobility. | €100/day |
| Concession Agreement | Schedule 16 | N/a | Specifies that new buses are to have:<br>1) Kneeling system with ECAS<br>2) Priority Seating<br>3) Low entry floor | N/a |
| Subsidiary Legislation (499.56) | Part VII. | 41 | Drivers and operators shall not prohibit passengers to board on a passenger transport vehicle accompanied by an assistance dog which shall include guide dogs and hearing dogs. | Up to €3000/breach + administrative penalties & sanctions |
| Subsidiary Legislation (499.56) | Schedule 12 | 6 | No extra charges or fares shall apply to instruments which aid mobility (including but not limited to wheelchairs, pushchairs, prams, but excluding bicycles). | Up to €3000/breach + administrative penalties & sanctions |
| | | 7 | No extra charges or fares shall apply to guide dogs and hearing dogs when travelling with passengers on a motor route bus. | Up to €3000/breach + administrative penalties & sanctions |

*Taxi Services*

90. TM further monitors and enforces accessibility standards with respect to taxi services as established in the Taxi Services Regulations (SL 499.59), which provide for the licensing of clearly marked wheelchair-accessible taxis that allow easy and unaided access to persons who make use of wheelchairs.

91. Such vehicles must meet the minimum technical standards established in the regulations before being licensed and throughout their lifetime as taxis. Furthermore; where a person who uses a wheelchair wishes to hire a taxi from a stand and a wheelchair accessible taxi is standing for hire on such stand, such wheelchair accessible taxi is deemed to be the taxi first available for hire for such purpose. Drivers who drive wheelchair accessible taxis are also obliged to give priority for hire to people who use wheelchairs.

92. Owners and drivers who are found in breach of these provisions are liable to fines of up to €3000 per breach, together with further administrative penalties ranging between €50 to €150 per breach, and accumulation of driver penalty points that may also lead to the suspension or revocation of a licence.

*Maritime Commercial, Passenger and Cruise Services*

93. All international commercial and passenger sea transport, and cruise ship services, embarking from or disembarking at a Maltese international seaport must comply with the requirements of Regulation (EU) 1177/2010, as communicated though Merchant Shipping Notice 101, and Port Notice 14/2012, including the condition that persons with disability and persons with reduced mobility be given, throughout their travel, adequate information on the conditions of their access to transport.

94. The Office for Consumer Affairs within MCCAA was designated the national enforcement body in terms of the Regulation. Any person failing to comply with the obligations in the Regulation shall be subject to fines of between €470 and €47,000 per breach, while in the case of non-compliance with a compliance order issued by the Director-General (Consumer Affairs) in terms of the Consumer Affairs Act, a daily fine of between €120 and €230 would be imposed for every day of non-compliance.

95. The Code of Practice for the Safety of Commercial Vessels, which has the force of law in terms of the Commercial Vessels Regulations (S.L. 499.23), contains applicable provisions. These provisions also transpose the requirements of Directive 2009/45/EC, which also covers the issue of a Passenger Ship Safety Certificate (PSSC).

96. In the event of non-compliance with the provisions of the Regulations or Code, enforcement and legal action to be taken in terms of the Regulations is either administrative (warning; suspension, revocation or non-renewal of licences/certificates; or administrative penalties of up to €3000) or else referred to the Police for criminal proceedings to be commenced accordingly.

*Road Design and Construction*

97. TM's Road and Infrastructure Directorate follows the standard specifications in the 'Access for All' Standards for the Built Environment issued by MCCAA, within the framework of the relevant Guidelines promulgated by CRPD. Monitoring and enforcement also occurs according to the norms applicable to said Standards and Guidelines.

**15 – (ii) Monitoring and Sanctions – ICT Accessibility**

98. The Foundation for Information Technology Accessibility (FITA) provides three complimentary services linked to the implementation of accessibility standards. These are information sessions, ICT Accessibility Consultancy and ICT Accessibility Certification.

99. Information sessions are short, focused awareness and training sessions that target ICT accessibility from the perspective of the specific audiences attending the respective information session. A log is also maintained.[1]

100. Consultancy is a free service that addresses specific accessibility issues or projects. These are not limited to web accessibility, but cover all forms of information dissemination media. Clients range from individuals with disability to corporations and project consortia.

101. Certification is a fee-based service, applying WCAG2 principles for private and commercial entities and EU Standard EN301549 for public entities.[2] To date, monitoring

[1] At https://fitamalta.eu/fita-services/info-sessions/.

and evaluation of ICT Accessibility has been heavily dependent on the resources allocated to FITA. Major exercises across Maltese websites were carried out in the past through collaboration with the Malta Information Technology Agency (MITA) and GO, a local telephony provider. However these efforts could not be regular.

102. Where identified and reported, lack of accessibility issues were pursued by CRPD. This is still the case for the apps and websites of private and commercial entities. Starting September 2018, provided the resources allocated to the Web Accessibility Directive, where public entities are involved, such exercises will be the responsibility of FITA and be defined as a core function within FITA's operations. Any relevant sanctioning is still to be determined via the transposition exercise that will be concluded by September 2018.

**15 – (iii) Measures taken to address the findings of the research project conducted by FITA in 2013 ICT accessibility**

103. FITA sourced the support of the Malta College for Arts, Sciences and Technology (MCAST) in order to have students from the Business Studies Campus follow up on the research findings and help business entities familiarise themselves with the ICT accessibility services available to them. These organisations has provided their details and expressed an interest to learn more about ICT accessibility, as part of the original research.

104. FITA also collaborated with the Malta Employers Association and the eSkills Foundation in order to include ICT Accessibility information as part of the portfolio of services available to their members. A number of fact sheets providing basic information on how ICT can be more accessible to persons with disability was also produced. FITA is liaising with other stakeholders in order to further develop these resources.

## Situations of risk and humanitarian emergencies (art. 11)

**16 – (i) General Emergency Plan protection and safety measures for persons with disability**

105. The Civil Protection Department (CPD) has a regional evacuation plan that facilitates the evacuation of civilians using transport assets available which includes transportation of vulnerable persons including people with disability. Sections of the plan have been tested during exercises or actual emergencies through the years. Moreover, the Civil Protection Department is currently in the process of installing a new IT system which will declare the home address of people with mobility problems so that in the event of an evacuation the GIS system will assist CPD in responding to the emergency with the necessary resources.

106. CRPD was also coordinating matters related to the General Emergency Plan with CPD, although this function is now being taken over by ODI.

**16 – (ii) SMS emergency service for persons with hearing impairments**

107. The 112 SMS emergency service is operational. The Ministry of Home Affairs and National Security (MHAS), which manages and operates this service, is aware of the concerns raised by CRPD and by Deaf persons and hard of hearing persons, and is constantly working to improve the service, and on liaising with the Malta Communications Authority (MCA), which acts as a bridge between MHAS and local telecoms operators, particularly whenever technical issues arise.

108. Furthermore, if one registers for MHAS' SMS localisation service, this will enable an interaction process between the user and the 112 Control Room, and co-ordinates are sent to the Control Room whenever a 112 request is placed through SMS by a user.

109. MHAS' 112mt mobile app also allows users to select, through an initial alert/panic button, which option to choose: Call or SMS.

[2] https://fitamalta.eu/fita-services/consultancy-services/.

110. Undertakings involved in delivering electronic communication services are also legally bound, from their end, to ensure that all their registered end-users (including Deaf persons and hard of hearing persons) are able to access emergency services.

## Equal recognition before the law (art. 12)

### 17 – (i) Persons currently placed under guardianship

111. The following table provides data on persons currently placed under guardianship, disaggregated by age and sex.

**Table 7**

| | *Female* | *Male* | *Total* |
|---|---|---|---|
| below 25 | 3 | 13 | 16 |
| 26–30 | 3 | 7 | 10 |
| 31–35 | 0 | 4 | 4 |
| 36–40 | 3 | 4 | 7 |
| 41–45 | 1 | 1 | 2 |
| 46–50 | 1 | 1 | 2 |
| 51–55 | 2 | 3 | 5 |
| 56–60 | 2 | 4 | 6 |
| 61–65 | 4 | 2 | 6 |
| 66–70 | 3 | 8 | 11 |
| 71–75 | 11 | 7 | 18 |
| 76–80 | 18 | 7 | 25 |
| 81–85 | 23 | 16 | 39 |
| 86–90 | 20 | 5 | 25 |
| 91+ | 11 | 3 | 14 |
| **Total** | **105** | **85** | **190** |

*Source:* Office of the Guardianship Board.

### 17 – (ii) How the Mental Health Act and the Guardianship Act ensure that persons with psychosocial and/or intellectual disability are not subjected to substituted decision-making regimes

112. Guardianship legislation is embedded in the Maltese Civil Code (Cap. 16) and in the Code of Organization and Civil Procedure (Cap. 12), with the Guardianship Act having been an Act with the exclusive purpose of amending both these legal instruments. Prior to the enactment of this legislation, people with intellectual disability who were certified as lacking full mental capacity, were being subjected to the process of interdiction and incapacitation through the courts.

113. Currently, a legal relationship exists between a person with intellectual disability and the Guardian. The stated purpose of Guardianship is to provide support to the person in managing their own affairs, and to advocate for their rights and best interests. Guardians assist people in making personal, lifestyle, financial and health-related. Guardianship orders specify the areas in which the Guardian has been given the authority to assist or represent.

114. While, instead of denying a person legal capacity and all of a person's civil rights, this institution instead substitutes them, Malta is aware of its obligations under the UN CRPD, hence the work it is currently undertaking on the new Personal Autonomy Act, further described in paragraph 120.

115. Of the will of the person being respected and taken into consideration as much as possible. This is implemented by ensuring that the person subject to Guardianship has the

right to be heard at all times during the course of proceedings before the Guardianship Board. Persons to be subject to Guardianship are heard alone or accompanied by an assistant (personal assistant, social worker, spouse, relative, friend, etc.) should they so request. The Board also provides professionals to facilitate expression and communication as required.

116. Guardianship legislation also states that the parameters of the Guardianship Order have to be in line with the aims that are intended to be achieved. Therefore, the application form itself requests the applicant to specify the areas in which the need for Guardianship is being felt. Also, during the hearing of the application, the Board meets all parties who have a vested interest in the application to determine what the areas where the person needs support are.

117. Furthermore, when an application is approved, the Guardianship Order that is issued specifies the areas in which the Guardian is authorised to assist or represent (depending on the need) the person, and also specifies the date when the order ceases to be effective, or is to be reviewed. This is done to ensure that every Guardianship order is in line with the needs of the particular individual.

118. Guardianship Orders are also reviewed periodically in order to ascertain whether there is need for the Guardianship to be renewed, and under what terms. Appointed Guardians who assist in financial affairs are obliged to submit an income and expenditure account prior to the renewal, and this is vetted by the Board. When necessary, the Board holds review meetings to discuss any changes in the person's needs that would require a change to the Guardianship order. During the course of the hearing of the application, the person, as well as those who are involved in the hearing, are informed that, should they become aware of or notice any inappropriate or unethical behaviour from the appointed Guardian, they can file a report at the Office of the Guardianship Board, and their report would be investigated.

119. As to the Mental Health Act, this mandates that every application for interdiction or incapacitation made citing the grounds of lack of mental capacity be referred to the CMH within 24 hours, with said CMH having the power to veto said application, or to approve it for a limited period. The CMH can also inform the court at a later stage that an interdiction or incapacitation should no longer stand, if convinced that a person does indeed possess required mental capacity, after having appointed a board of 3 specialists to assess the person in question. The CMH can also petition the court should he believe that interdiction or incapacitation proceedings are frivolous or vexatious.

**17 – (iii) Implementation of supported decision-making mechanisms**

120. In this regard, Malta is currently working on a Personal Autonomy Bill, that will amend the Civil Code and the Code of Organisation and Civil Procedure, in order to assert the supreme notion of juridical equality of all persons as a starting point, as well as every person's will and preferences. The exercise of legal capacity by a person could then, in certain instances, be supported by a safeguardor, in varying degrees, with a basis in law, and with this institute backed up by an appropriate mechanism. It could also be further confirmed through a representation agreement, regulating co-decision making, in certain instances.

121. A working group consisting of representatives of relevant entities, academics, lawyers and services users, all of which are either persons with disability, family members or persons with a close connection to this field, is currently preparing the draft. Civil society consultation through proper channels is also being carried, out, while advice has also been sought from persons with disability with experience with similar systems abroad. Communication on this topic has also been initiated with the UN Special Rapporteur on the Rights of Persons with Disabilities.

## Access to justice (art. 13)

### 18 – (i) Legislative measures to implement "procedural and age-appropriate accommodation"

122. Article 3A(4) of the EOA, besides protecting the full access of persons with disability to "all those actions provided by law", also makes it a discriminatory act to fail to furnish a person with disability with information regarding their rights, or to fail to assist a person with disability during procedures linked to investigations or whilst giving evidence. Furthermore, the EOA also makes it an act of discrimination to knowingly limit or inhibit any rights acquired by a person with disability, both inter vivos, or causa mortis.

123. In virtue of the above, practical adjustments have taken place at the main buildings of the Courts of Justice, located in the capital Valletta.

124. A videoconference system was installed, that can also be used by persons with disability who would be overwhelmed by participating in proceedings, or giving evidence in open court. This system was developed by the administration of the Courts in collaboration with CRPD.

125. Following meetings with members of the judiciary, forms required to be filed in terms of the Code of Organisation and Civil Procedure (Cap. 12) by lawyers were also provided in an accessible electronic format, in order that these could be downloaded and accessed by lawyers with disability.

126. However, it was agreed to between ODI and Director-General (Courts) to follow up matters, in order that, together with CRPD and other relevant stakeholders, further fine-tuning of legislation and practical solutions towards this end could be explored.

### 19 – (i) Clarification concerning Para. 83 of the first Periodic Report

127. Para. 83 of Malta's first Periodic Report referred specifically to direct participation of persons with disability in the judicial process ('trial stage'). Here it was clarified that, in tendering evidence as a witness, when facing communication barriers, spoken or written, questions to a person in disability could be posed in writing. Furthermore, questions and answers could also be read out publicly. In addition to visually or otherwise print-impaired persons, this measure also benefits non-disabled persons, such as illiterate persons, within the framework of wider inclusion. Finally, an interpreter can also be appointed in cases where a person is Deaf and/ or non-speaking, and also unable to write.

128. However, ODI will be working on legislative reform proposals to the Code of Organisation and Civil Procedure, and to the Criminal Code, in line with Article 13 of the UN CRPD.

### 19 – (ii) Training for judiciary, police and other personnel on the human rights model of disability

129. Over the years, CRPD has provided Disability Equality Training (DET) to all recruits at the Police Academy. Furthermore, it has started contacts with the judiciary to carry out similar training to the local judiciary. Efforts and discussions in this regard are currently ongoing.

## Liberty and security of the person (art. 14)

### 20 – (i) Involuntary detention or hospitalisation

130. The CMH has stated that a review process will shortly be under way, in order to review the Mental Health Act, as per Action 1.6 contained in his latest Annual Report covering 2016. He also expressed the belief that more awareness about psychosocial disabilities needs to be created in Malta, with the ultimate goal of acceptance, since the prevailing societal mood towards said disabilities is a medicalised one, rooted in lack of knowledge, and resulting fear. This is also the reason for preparatory work being undertaken by his Office, such as the #StopStigma campaign.

131. Repeal of involuntary detention or hospitalisation as an ultimate goal is principally dependent on a network of community-based services being set up, including respite services and services at home, as well as community-based structures to deal with acute episodes. Encouragement of early intervention, early intervention, self-care and early recognition would all contribute towards prevention of acute episodes. These services must start being looked at as community services, rather than as health services.

132. Media campaigns have already commenced, to 'normalise' issues related to mental health, and make self-referral a 'normal' concept in people's minds, by showing role models who have done so. All these initiatives are to properly resourced, and staffed with trained personnel. In the latter case, the Psychotherapy Profession Bill currently before Parliament was a good example towards this end.

133. These efforts would build on to the only current options, which are the Psychiatric Outpatients (POP) Unit at Mater Dei Hospital, Malta's central State hospital, and services offered through local health centres in Qormi, Paola, Cospicua and Floriana. The CMH stated that a repeal of involuntary detention and hospitalisation provisions, without having a necessary alternative infrastructure in place, could lead certain people to fall through cracks in the system, and end up in places such as the prison system.

134. While the Ministry for Health (MFH) has recently announced a 10-year plan to reform the area of mental health care, also with the assistance of the World Health Organisation, the CMH is working towards ensuring that any reforms follow a social model approach, within a biopsychosocial context. He stressed the importance of liaising with ODI, CRPD, other entities such as Agenzija Żgħażagħ (AŻ) — the national youth agency, civil society organisations such as the Richmond Foundation, long active in the mental health field, initiatives such as Kellimni.com ('Speak to Me.com'), and the University of Malta. Furthermore, he insisted on focusing on workplace mental health, together with employers and trade unions.

135. These efforts would work towards ensuring that persons with psychosocial disability are recognised as persons with disability, rather than as persons with 'mental problems', and accorded all necessary person-centred supports.

136. As a first step, the CMH is also pushing for acute episodes to be attended to at Mater Dei Hospital, and not in acute wards at MCH, where the environment can exacerbate the distress persons experiencing said acute episodes would be going through.

137. The CMH stated that, if approached in the right way, the goal of repealing these provisions was eventually achievable, in the same way as the goal of entrenching provisions fundamental to the rights of the LGBTQI+ community into Maltese law was achieved, following an appropriate process.

**21 – Number of persons hospitalised on the basis of their psychosocial and/or intellectual disability**

138. Statistics in this regard are only available as from 2014.

## 2014

139. Of 36 Involuntary Admissions for Observation, 23 (64%) were males and 13 (36%) were females. The age distribution was as follows.

**Table 8**

| *Age* | *No. (%)* |
|---|---|
| <18 years | 1 (3%) |
| 18–25 years | 7 (19%) |
| 26–35 years | 8 (22%) |
| 36–45 years | 6 (17%) |

| *Age* | *No. (%)* |
|---|---|
| 46–55 years | 5 (14%) |
| >55years | 9 (25%) |

*Source:* Office of the Commissioner for Mental Health.

140. The estimated percentage share of the various diagnostic categories listed among those persons involuntarily admitted for observation was as follows.

**Table 9**

| *Diagnostic Category* | *Percentage share* |
|---|---|
| Organic, including symptomatic, mental conditions | 8% |
| Mental and behavioural conditions due to psychoactive substance use | 25% |
| Schizophrenia, schizotypal and delusional conditions | 31% |
| Mood [affective] conditions | 28% |
| Neurotic, stress-related and somatoform conditions | 3% |
| Behavioural and emotional conditions with onset usually occurring in childhood and adolescence | 6% |

*Source:* Office of the Commissioner for Mental Health.

## 2015

141. The approximate percentage share of the various diagnostic categories among those persons involuntarily admitted for observation (based on the primary diagnosis declared on the notifications by psychiatric specialists) was as follows.

**Table 10**

| *Diagnostic Category* | *Percentage share* |
|---|---|
| Organic mental conditions | 1.1% |
| Mental and behavioural conditions due to psychoactive substance use | 7.5% |
| Schizophrenia, schizotypal and delusional conditions | 42.6% |
| Mood [affective] conditions | 23.4% |
| Neurotic, stress-related and somatoform conditions | 1.1% |
| Conditions of personality and behaviour | 2.1% |
| Intellectual disability | 10.6% |
| Conditions of psychological development | 1.1% |
| Behavioural and emotional conditions with onset usually occurring in childhood and adolescence | 10.6% |

*Source:* Office of the Commissioner for Mental Health.

142. There is a notable difference in the distribution of percentage share by gender, with schizophrenia more common among young males, and mood conditions more frequent among women.

**Table 11**

| *Diagnostic Category* | *Male* | *Female* |
|---|---|---|
| Organic mental conditions | 1.8% | Nil |
| Mental and behavioural conditions due to psychoactive substance use | 8.8% | 5.4% |
| Schizophrenia, schizotypal and delusional conditions | 50.9% | 29.7% |
| Mood [affective] conditions | 15.8% | 35.1% |
| Neurotic, stress-related and somatoform conditions | 1.8% | Nil |
| Conditions of adult personality and behaviour | 1.8% | 2.7% |
| Intellectual disability | 8.8% | 13.5% |
| Conditions of psychological development | 1.8% | Nil |
| Behavioural and emotional conditions with onset usually occurring in childhood and adolescence | 8.8% | 13.5% |

*Source:* Office of the Commissioner for Mental Health.

## 2016

### Percentage Share

143. The percentage share of diagnostic categories is based on the primary diagnosis declared on applications for invoiuntary admission by specialists in psychiatry. Schizophrenia, mood conditions and substance abuse represent more than 75% of the total acute diagnostic categories.

**Table 12**

| *Diagnostic Category* | *No.* | *%* | *Per 1 000 population* |
|---|---|---|---|
| Organic, including symptomatic, mental conditions | 33 | 7.7% | 0.077 |
| Conditions due to psychoactive substance use | 57 | 13.3% | 0.133 |
| Schizophrenia, schizotypal and delusional conditions | 140 | 32.6% | 0.326 |
| Mood [affective] conditions | 130 | 30.3% | 0.303 |
| Neurotic, stress-related and somatoform conditions | 34 | 7.9% | 0.079 |
| Neuro-developmental conditions | 35 | 8.2% | 0.082 |

*Source:* Office of the Commissioner for Mental Health.

144. There are notable differences in the distribution by gender with schizophrenia being more common among males and mood disorders more frequent among women. It is important to note that admissions for drug and alcohol abuse were 3 times more common among males than females.

**Table 13**

| *Diagnostic Category* | *Male* *Per 1 000 population* | *Female* *Per 1 000 population* | *Gender Ratio* *M : F* |
|---|---|---|---|
| Organic, including symptomatic, mental conditions | 0.079 | 0.075 | Equal |
| Conditions due to psychoactive substance use | 0.205 | 0.061 | 3 : 1 |

| *Diagnostic Category* | *Male Per 1 000 population* | *Female Per 1 000 population* | *Gender Ratio M : F* |
|---|---|---|---|
| Schizophrenia, schizotypal and delusional conditions | 0.372 | 0.276 | 1.33 : 1 |
| Mood [affective] conditions | 0.307 | 0.298 | Equal |
| Neurotic, stress-related and somatoform conditions | 0.079 | 0.079 | Equal |
| Neuro-developmental conditions | 0.098 | 0.065 | 1.5 : 1 |
| **All categories** | **1.141** | **0.857** | **1.33 : 1** |

*Source:* Office of the Commissioner for Mental Health.

145. The age distribution by gender for the main diagnostic categories was as follows.

**Table 14**

| | | *Age* | | | | | |
|---|---|---|---|---|---|---|---|
| *Diagnostic Category* | *Gender* | *Less than 18 years* | *18 to 29 years* | *30 to 44 years* | *45 to 59 years* | *60 years or more* | *Total* |
| Schizophrenia | M | 1 | 23 | 25 | 21 | 10 | 80 |
| | F | 1 | 12 | 16 | 15 | 16 | 60 |
| Mood | M | 2 | 19 | 15 | 16 | 14 | 66 |
| | F | 3 | 8 | 17 | 17 | 19 | 64 |
| Substance Abuse | M | 0 | 147 | 17 | 9 | 1 | 44 |
| | F | 3 | 4 | 3 | 2 | 1 | 13 |
| Neurosis/Anxiety | M | 2 | 4 | 8 | 3 | 0 | 17 |
| | F | 9 | 4 | 3 | 0 | 1 | 17 |
| Organic Causes | M | 0 | 1 | 0 | 3 | 13 | 17 |
| | F | 0 | 0 | 0 | 0 | 16 | 16 |
| Neuro-Developmental | M | 9 | 6 | 2 | 4 | 0 | 21 |
| | F | 6 | 2 | 3 | 2 | 1 | 14 |
| **Total** | **M** | **14** | **70** | **67** | **56** | **38** | **245** |
| | **F** | **22** | **30** | **42** | **36** | **54** | **184** |

*Source:* Office of the Commissioner for Mental Health.

### 22 – Budgetary measures to transfer persons with disability from in-care hospitalisation to community-based services

146. MFH has had an agreement with Richmond Foundation as early as 2005. Since 2014 MFH has supported the Foundation to the amount of €140,000/year. This programme has through the Home Support Services provided holistic support to adults with mental health difficulties, enabling them to live in their home environment. The principal aim is to prevent and reduce admissions and readmissions to psychiatric care.

147. Furthermore, a rehabilitative programme of a number of hostels scattered around the island of Malta also exists. This programme supports individuals discharged from MCH, and furthers the goal of deinstitutionalisation by offering accommodation with 24-hour support, and supporting them in the running of their own lives and the hostel, towards eventual re-integration into the community. The hostel service is financially supported by the Mental Care Services.

148. Richmond Foundation and Fondazzjoni Suret Il-Bniedem have an agreement with MFH to provide these services, at the following Hostels in the community, while there are also plans to continue to develop more similar projects.

**Table 15**

- Richmond Foundation

  Paola Hostel (Male) – 11 bedded (opened 2006)

  Hostel – Dar Il Merrill (Male) – 12 bedded (opened 2016)

  Hostel – Villa Rubbery (Female) – 10 bedded (opened 2016)

- Fondazzjoni Suret Il-Bniedem

  Hostel – Dar Victoria (Male) – 13 bedded (opened 2006)

  Hostel – Dar Frangisk (Male) – 5 bedded (opened 2015)

  Hostel – Dar Imelda (Female) – 14 bedded (opened May 2018)

- The total spend since 2014 was as follows:

  2014 – € 306,158

  2015 – € 502,853

  2016 – € 684,967

  2017 – € 828,676

The budgetary measures in respect of the PAF, ICL and Community schemes run by Agenzija Sapport, and laid out in paragraphs 185, 187 and 188, likewise contribute towards this end.

## Freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15)

### 23 – OPCAT implementation and engagement of persons with disability and stakeholders

149. The 2 National Preventive Mechanisms (NPMs) designated by Malta in terms of OPCAT are the Corradino Correctional Facility Monitoring Board (formerly the Board of Visitors for Prisons) and the Detained Persons Monitoring Board (MBDP) (formerly the Board of Visitors for Detained Persons). The former has a remit to monitor inmates at Malta's central prison at Corradino (CCF), including inmates held at the Forensic Unit at MCH — and which falls under MHAS' rather than MFH's jurisdiction, and offenders at the Young Persons Offenders Unit (YOURS), which was moved from Corradino to separate premises in Mtahleb in 2013. The latter has a remit to monitor persons detained in terms of the Immigration Act (Cap. 217), at locations managed by the Detention Service falling under MHAS — of which Safi Detention Centre is the de facto remaining facility — and including persons within such category who are hospitalised at the Forensic Unit at MCH.

150. Both Boards are tasked with ensuring that no torture, cruel or inhuman or degrading treatment or punishment is taking place at facilities within their remit. In the eventuality of any report, these Boards are required to take all necessary precautions and action to investigate.

*NPM 1 – Corradino Correctional Facility Monitoring Board*

151. To date, the CCF Monitoring Board confirmed that no such reports were ever communicated to the Board to be investigated, from any person, including from persons with disability. Notwithstanding, the Board had commented that the CCF and the Forensic Unit at MCH are not optimally equipped to cater for persons with disability. This was mainly due to the fact that facilities and signage that would also benefit persons with disability are not in place. Neither were there in place systems which would enable a Deaf person to communicate with family, relatives or friends via technologies such as Skype, with this applying mostly to foreign nationals with disability with family, relatives or friends abroad, and where other forms of communication would be close to impossible. These concerns were communicated to MHAS, which is in the process of evaluating follow-up.

152. On ODI's initiative, ODI, CRPD and the MHC have also initiated steps to commence a working relationship with the Board, following the Board's indication that it would be very willing to initiate a close working relationship with all concerned. Representative organisations of persons with disability with which ODI and CRPD have a working relationship will also be reached out to, and encouraged to liaise accordingly with them and with the Board.

*NPM 2 – Monitoring Board for Detained Persons*

153. First and foremost, no person with disability claiming asylum shall be subject to immigration detention, as referred to in paragraph X. Hospitalisation at MCH of persons subject to immigration detention is only of a temporary nature. MBDP members visit every person so hospitalised, and would be obliged to take steps should the basis of said person's hospitalisation be certified as an impairment which, in conjunction with societal barriers, would render the person in question a person with disability.

154. The Board of Visitors for Detained Persons Regulations, Legal Notice 266 of 2007, as amended by Legal Notice 425 of 2015, provide that "[t]he Board and every member thereof shall have access at any time to every part of the Detention Centres and to every detainee and may interview any detainee out of the sight and hearing of all offices". MBDP members were never refused access to any detainee, either to those at Detention Centres, or to those that had been referred temporarily to the Forensic Unit at MCH.

155. During visits MBDP members meet detainees individually or in groups. Members explain that they are not Detention Service staff, but independent persons responsible for ensuring compliance with the Convention against Torture and the laws of Malta regulating detention. Detainees are informed of the MBDP's functions at law, and are invited to advise MBDP members of any conduct or matter which they consider unacceptable.

156. Although the MBDP has received and processed a number of complaints since its inception, none of these could be classified as falling within the criteria laid down by the UN Convention against Torture. The vast majority of complaints concerned the quality of the food offered to detainees and its lack of variety, and lack of information about detainees' situation from the Police and/ or legal advisers. Complaints were brought to the attention of the Minister responsible and were included in the MBDP's Annual Reports, which were also laid before the House of Representatives.

157. Representative organisations of persons with disability are not engaged directly in OPCAT implementation, unlike a number of civil society organisations active in the field of human and migrants' rights. ODI and CRPD will strive to reach out to said representative organisations with which they have a working relationship, and encourage them to liaise accordingly with them and with the MBDP.

**24 – Use of restraint and seclusion**

158. The Mental Health Act is shortly up for review, as described in paragraph 130, and this matter will also be addressed in said review.

## Freedom from exploitation, violence and abuse (art. 16)

**25 – (i) Legislative and policy measures to mainstream the protection of women and children with disability against violence**

159. Towards this end, Malta's Parliament recently passed the Gender-Based Violence and Domestic Violence Act (Cap. 581), making provision for substantive articles of the Council of Europe Convention on Prevention and Combatting of Violence against Women and Domestic Violence to become enforceable within the domestic legal order. This Act built upon the earlier Domestic Violence Act (Cap. 481), and also the Council of Europe Convention on Prevention and Combatting of Violence against Women and Domestic Violence (Ratification) Act (Cap. 532), which it both repealed.

160. These mainstream protections are over and above specific protections being afforded through the draft UN CRPD Act, which will incorporate the UN CRPD's relevant provisions into the domestic legal order, and those that will be afforded through specific legislation being drafted to implement the UN CRC into Maltese law.

161. So far, violence against persons with disability, including domestic violence, is tackled by the National Policy on the Rights of Persons with Disability, as is also being included in the National Disability Strategy. Violence against children is specifically mentioned in the National Children's Policy promulgated in 2016 by the CFC.

**25 – (ii) Accessibility of shelters for victims of violence**

162. Malta currently has 6 Domestic Violence shelters, 1 State shelter on the island of Malta run by Agenzija Appogg, and 5 shelters run by civil society organisations, which maintains relations with Agenzija Appogg's Domestic Violence Unit, 4 on the island of Malta, and 1 on the island of Gozo (Dar Emmaus).

163. The CFC is also working with those involved to ensure greater attention to children with disability in these facilities, from the social work perspective. While acknowledging that a lot of the work is carried out by highly dedicated volunteers, social workers are usually assigned to the parent, and only considered necessary for such, with dedicated social workers having to be requested through Agenzija Appogg in order to address issues specific to the child. Thus, the CFC wants to avoid situations in which social workers attached to adults do not also reach out to children as part of their assignment, since a parent's disability also becomes part of the lived experience of the child.

164. From their end, CRPD is also commencing a standard accessibility audit exercise of Domestic Violence shelters this year, on a similar basis as it does for other categories of establishments, such as primary healthcare clinics and pharmacies. However, they stated that, so far, they have not received accessibility complaints related to any such shelters.

*Agenzija Appogg: Ghabex Shelter*

165. Between 2014 and 2017 there were 2 cases worked with, where victims were persons with disability:

- 2014: 1 female with intellectual disability;
- 2015: 0;
- 2016: 0;
- 2017: 1 female with physical disability.

166. The shelter is physically accessible, including for wheelchair users, and also has an accessible bathroom.

*Fondazzjoni Dar il-Hena – Dar Papa Frangisku (Males); Dar Maria Dolores (Females)*

167. These shelters started operating in July 2016. They have not received direct referrals for persons with disability so far, since the Foundation states that it is not yet equipped to cater for such service. However, the Foundation reports a few cases where service users presented with temporarily disabling impairments, and where said users felt that the Foundation's services met their requirements as to say temporary instances of disability.

168. As for accessibility of both shelters, the Foundation is in the process of sanctioning works being carried out at said shelters with the PA. It is expected that, by the end of 2018, their facilities would be fully compliant with accessibility Standards for the built environment.

*Fondazzjoni Merhba Bik – Dar Merhba Bik*

169. Since 2014, the shelter admitted 15 female residents with disability. Furthermore, it also received 9 children with disability.

170. Dar Merħba Bik is physically accessible at ground floor level, including through the provision of accessible bathrooms. Although the 2nd floor is not yet similarly accessible, the Foundation currently has plans to install an elevator.

*Programm Sebh, Ejjew Ghandi Commission, Malta Roman Catholic Archdiocese – Dar Qalb ta' Gesu'*

171. There is currently one male child with intellectual disability, aged 15, living with his mother at this shelter. This is the only resident with disability that the shelter has received since 2014.

172. The issue of stairs was countered through installation of an elevator in 2006, to improve access for residents with physical disability.

*Fondazzjoni Kenn u Tama – Dar Emmaus*

173. This short-stay shelter opened in 2016, and has not received any residents with disability so far. However, the Foundation stated that a number or residents needed support to shield them from developing impairments that could result in long-term psychosocial disability, mainly caused by victimisation.

174. The Foundation also stated that the premises were accessible for persons with physical disability.

## Liberty of movement and nationality (art. 18)

### 26 – Situation of refugees and asylum seekers with disability, and accessibility of Reception Centres

175. Initial processing and accommodation happens at the Initial Reception Centre (IRC), and work on identifying and sourcing necessary reasonable accommodations, such as in connection with communication and access needs, and provision of psycho-social supports, already commences at this stage. Physical accessibility of the IRC is also being improved, as further described in paragraph 173 below, with adjustments such as installation of ramps having already been performed.

176. It should also be noted that, following Malta's ending of automatic detention for asylum seekers, it was further established that no person with disability claiming asylum, whether such fact is ascertained at the moment of application or later during the process, shall be subject to immigration detention, in terms of Article 14(1) of Legal Notice 417 of 2015. This follows persons with disability being classified as vulnerable asylum seekers in Malta's 2015 Strategy for the Reception of Asylum Seekers and Irregular Migrants.

177. Reasonable accommodations can be arranged before the formal structured interview, after a formal date for such would have been communicated. Blind or otherwise print disabled asylum seekers can request pre-prepared printed materials to be made available in Braille, should they have knowledge of such, otherwise, the content of these documents would be explained orally. The record of proceedings is verbally read out to all applicants, prior to it being signed by them. Sign language interpretation can be arranged for Deaf applicants, should they have knowledge of International Sign Language (ISL) or of a national sign language, and should interpreters be available in the latter case. Otherwise, an alternative procedure such as a written interview could be conducted. Asylum seekers falling within other disability categories would have reasonable accommodations tailored in an effort to best suit their needs, in consultation with CRPD or with NGOs.

178. Physical accessibility of the premises of the Office of the Refugee Commissioner is a matter which the Ministry for Home Affairs and National Security (MHAS) is closely working with said Office and with CRPD on, in order to renovate the premises and bring it in line with national Standards. An Architect has been commissioned, and said process is under way.

179. A total of 10 asylum seekers with physical disability were processed since 2014. So far, 6 rooms at the Hal Far Family Reception Centre have been converted, in order to

ensure their accessibility for such asylum seekers, as have the showers adjacent to these rooms, and the access to them. Although a Family Centre, even individual asylum seekers with physical disability not forming part of a family unit are offered accommodation in said Centre. However, all Reception facilities within the Hal Far cluster, which also includes the Initial Reception Centre where new arrivals are processed, are being overhauled, with the involvement of CRPD to ensure compliance with national accessibility Standards for the built environment, and in line with the EU Reception Conditions Directive (2013/33/EU). The Agency for the Welfare of Asylum Seekers (AWAS) is aware of barriers to physical accessibility currently present in other Reception Centres, and is also engaging accordingly towards resolving said matters.

180. Large numbers of asylum seekers show signs of mental distress, principally due to trauma, which can be disabling when combined with challenges in integrating into a new society, particularly if said distress is of a more complex or chronic nature. Such persons are usually referred to accommodation operated by the John XXIII Peace Lab, a social NGO which signed a PSP with AWAS, which offers both reception and psycho-social support to these asylum seekers, while their claims are processed. Out of all 8 reception centres within AWAS' responsibility, this is the centre where any asylum seekers who are deemed vulnerable in any way, are accommodated in — with the exception of those with physical disability, as described in the previous paragraph.

181. Vulnerable females and unaccompanied minors specifically, however, are usually referred to Dar il-Liedna, also operated within a PSP framework, and similarly with a social work presence on site for those experiencing disabling distress. Particular cases are referred to the residence operated by the Dar Merhba Bik Foundation, specialised in catering for women and children escaping domestic violence, through a specific agreement since this centre is not formally an AWAS Reception Centre. Any referrals to main-line state mental health care are usually only made directly in case of acute scenarios, or if flagged during the mandatory health check following initial reception.

182. Relevant government entities, such as Agenzija Sapport, and Agenzija Appogg in the case of, additionally, child or family matters, are also engaged as and when necessary. Aside from social and support workers attached to the reception centres above, and to the entities mentioned, AWAS also employs and retains full-time social workers on call.

183. So far, the first floor of AWAS' Head Office has been made accessible, with an elevator having also been installed. This is to ensure greater accessibility of services offered here, particularly to those asylum seekers who choose not to live in Reception Centres. These services include administrative services and disbursement of allowances, as well as first-line trauma, guidance and counselling sessions, through AWAS' support workers and through NGOs who attend AWAS' premises, the latter also offering legal advice and advice with procedures such as voluntary repatriation. Appeals can also be heard on said premises.

184. AWAS also arranges accessible transport for asylum seekers for necessary appointments, such as through appropriate vehicles and accompanied transport, as necessary.

185. Maltese law allows for a simplified work permit procedure for asylum seekers, and AWAS liaises with JobsPlus where necessary, to ensure the inclusive employment of asylum seekers with disability.

186. The CMH also described asylum seekers as a group at increased risk, and is encouraging communities, through the Office of the President of the Republic, to form self-help groups, something which certain communities, such as the Sudanese and Eritrean ones, have already started working on.

187. Once asylum seekers with disability are granted refugee status or a subsidiary form of international or national protection by the Commissioner for Refugees, their rights as persons with disability resident in Malta then fall exclusively within the remit of main-line national entities responsible for the implementation, monitoring and enforcement of such rights.

## Living independently and being included in the community (art. 19)

### 27 – Legislative and policy measures to promote the right to live independently and be included in the community

188. Such measures are covered by the National Policy on the Rights of Persons with Disability, and are being written into the National Disability Strategy. A policy regulating issues such as provision and skilling of Personal Assistants is also being currently discussed.

189. These points are being tackled specifically by the work being done on the draft Personal Autonomy Act, further discussed in paragraph 120, and the draft UN CRPD Act, through making Article 19 of the UN CRPD directly justiciable, and providing tools for its enforcement. They are also currently tackled by Article 15 of the EOA, and Article 3(12) in its Bill of Rights. The Maltese Sign Language Recognition Act (Cap. 556), and the Persons within the Autism Spectrum (Empowerment) Act (Cap. 557), further discussed in paragraph 232, both have empowerment, also towards these ends, at their very core.

190. Furthermore, the policy initiatives outlined in the next paragraphs are all being implemented together with ongoing funding being attached to them.

### 27 (a) – Budgetary allocations to enhance the right of persons with disability to choose where and with whom to live

191. Community programmes offered by Agenzija Sapport (socialisation, community access, community intervention).

**Table 16**

| *Year* | € |
|---|---|
| 2011 | 19 297 |
| 2012 | 26 117 |
| 2013 | 24 025 |
| 2014 | 32 347 |
| 2015 | 63 307 |
| 2016 | 87 800 |
| 2017 | 123 473 |
| 2018 to date | 52 305 |
| | **428 672** |

*Source:* Agenzija Sapport.

192. Fair Society for All project, funded by Agenzija Sapport – from institutions to community living options.

**Table 17**

| *Apportionment* | *2014* | *2015* | *2016* | *2017* | *2018* |
|---|---|---|---|---|---|
| | € | € | € | € | € |
| Cost per registered client/per annum | 68 775 | 72 304 | 87 754 | 100 236 | 110 260 |

*Source:* Agenzija Sapport.

193. Below, capital expenditure on new/refurbished options.

**Table 18**

| *Residence* | *Locality* | *Capital* |
|---|---|---|
| | | € |
| Dar Orchidea | Siggiewi | 65 000 |
| Dar il-Fjuri | Ghawdex | 145 000 |
| Dar Ave Maria | Marsa | 76 000 |
| Warda | Pembroke | 109 790 |
| Casa Beata Caterina | Baħar iċ-Ċagħaq | 150 000 |
| Iris | Żabbar | 276 578 |
| **Total** | | **822 368** |

*Source*: Agenzija Sapport.

**27 (b) – Budgetary allocations for the provision of personal assistants**

194. Personal Assistants Fund (PAF), funded by Agenzija Sapport, based on the Swedish model.

**Table 19**

| *Year* | *€* |
|---|---|
| 2017 | 107 476 |
| 2018 to-date | 194 618 |
| | **302 094** |

*Source*: Agenzija Sapport.

195. Independent Community Living (ICL) Scheme, funded by Agenzija Sapport.

**Table 20**

| *Year* | *€* |
|---|---|
| 2013 | 133 328 |
| 2014 | 254 627 |
| 2015 | 413 645 |
| 2016 | 484 575 |
| 2017 | 551 134 |
| 2018 to-date | 176 187 |
| | **2 013 497** |

*Source*: Agenzija Sapport.

**28 – (i) Eligibility of children with disability other than with visual impairment to claim disability allowances**

196. Yes, Disabled Child Allowance was and is still applicable to any persons below 16 years of age. The difference in the case of children with visual impairment is that they can claim this benefit if they are below 14 years of age. Persons with visual impairment who are 14 years of age or older, and other persons who are 16 years of age or older, can apply for the adult categories of disability benefits under the Social Security Act (Cap. 318).

**28 – (ii) "Fair Society for All" project**

197. Please refer to paragraph 186 for an update on the project, including statistics detailing monies spent so far.

**28 – (iii) Standards for residential services, including implementation and monitoring**

198. These Standards have since been promulgated in 2015 by the Department of Social Welfare Standards (DSWS). An updated list of relevant Service Providers was drawn up, and 6 DSWS assessors were dispatched to ensure implementation of these Standards in all applicable Residences. The process was voluntary, since the Standards had no legally binding force, however, all Service Providers involved agreed to said assessment taking place.

199. The process involves discussing relevant matters with clients, management, staff and other service users.

200. However, the situation has now been remedied following the passage of the Social Care Standards Authority Act (Cap. 582), which took effect on 11 May 2018. These Standards are now legally binding, and subject to enforcement by the Authority created by said Act, within which DSWS is being integrated, taking on the formal role of regulator responsible for said Standards. This will enable DSWS to formally proceed on the basis of complaints entertained from residents of institutions, and from the general public.

201. DSWS will ensure that the process for entering such complaints can be conducted in a simple and understandable manner, to make it accessible for all, including for, for example, persons with intellectual disability. Such is also being done with the goal of empowering residents. This follows on from the drafting process, where the relevant Working Group placed persons with disability, including persons with intellectual disability, as key stakeholders on an equal footing with other stakeholders.

202. The CFC commented, furthermore, that it had made certain suggestions to Service Providers, following visits by its staff, as to how to ensure that an appropriate home environment was to be ensured for children also living in said Residences, while emphasising that community services, or community integration through fostering or adoption, where possible, should prevail.

203. DSWS has also, meanwhile, worked on draft Standards for Day Care Centres and for Respite Services, and aims to launch Public Consultations shortly, also following concerns raised by CRPD in both these domains.

## Freedom of expression and opinion, and access to information (art. 21)

**29 – Measures to promote the use of sign language in all areas of life**

204. Conferences and seminars on different topics regarding LSM (Maltese Sign Language) are held at least on a yearly basis, inviting parents of Deaf children, educators, health care professionals, teachers of the Deaf, and speech therapists. The first seminar was held by the Maltese Sign Language Council (KLSM) in October 2017, on 'Bilingualism - spoken & signed languages'. The aim was to promote the use of LSM and to raise awareness.

205. KLSM is working actively towards having Deaf role models visit schools to raise awareness, especially schools which have Deaf students. These Deaf students do not necessarily have to be sign language users. However, it has, so far, been difficult to find such role models, due to Deaf people having a full-time job away from their voluntary roles.

206. KLSM is also working towards making speech therapists and other medical professionals aware of the importance and benefits of LSM as an additional language. They should believe that LSM can be used as an additional option to communicate and to access information, rather than focus on speech only. Otherwise, parents of Deaf children may receive the wrong message from these professionals (they would wrongly assume that LSM would hinder spoken language).

207. Parents of Deaf children should be provided with all options upon their child's diagnosis. KLSM has developed a leaflet, to be distributed at the ENT (Ear, Nose and Throat) Department at Mater Dei Hospital, Malta's principal State hospital, for parents. It ensures that parents are fully informed about all available resources, including cochlear implants, sign language, interpreters, the Deaf People Association (Malta), KLSM, Malta Cochlear Implant Association, etc. They may also be provided with all contact details. This way, parents can make an informed decision for their Deaf child.

208. In conjunction with the Deaf People Association (Malta), KLSM encourages Deaf youth and adults to participate in international projects and seminars organised by the European Union of the Deaf (EUD), European Union of Deaf Youth (EUDY), and World Federation for the Deaf (WFD). This helps to further promote the use of sign language. In May 2017, EUD held their annual AGM in Malta. The Deaf People Association (Malta) hosted the event, which was attended by around 80 Deaf delegates from across Europe.

209. KLSM has been working on ensuring that the local media is made more accessible, through the use of LSM, including in news broadcasts and political debates. KLSM's efforts tie in with other efforts described in paragraph 77.

210. KLSM is also working towards ensuring that National events, both live and broadcast, be made accessible, through the use of LSM.

211. Government's Lifelong Learning programme offers a basic course in LSM which is open to everyone. The University of Malta also offers a basic course, and Government invested €60,000 in 2017 towards further development of said courses.

212. ODI is also working to engage stakeholders from the Deaf community, and further discuss issues of mutual concern, with a view to implementation.

## Education (art. 24)

**30 – (i) How legislation and policy promote and protect the rights of persons with disability to inclusive education**

213. This policy is linked to all subsequent policy documents issued by the Ministry for Education and Employment (MEDE) in this field, all promoting the same aims. The most notable recent ones currently in force are:

- 2012: A National Curriculum Framework for All;
- 2014 Respect for All Framework;
- 2014 Framework for Education Strategy for Malta 2014–2024.

214. Furthermore, MEDE has just prepared a new draft Inclusion Policy for Schools, covering practical implementation strategies. During the upcoming school year, this document will be disseminated, including through a Public Consultation, prior to its being adopted. It makes reference to Malta's international obligations, such as in terms of the UN CRPD and the Salamanca Declaration, as well as local legislation such as the EOA and the Affirmation of Gender Identity, Gender Expression and Sex Characteristics Act (Cap. 567). The policy was also meant to counter resistance to change still present in certain schools.

215. As to the Education Act, a number of structures and procedures exist, in the Act and in fulfilment of the Act, in order to protect and promote such rights. Furthermore, a reform package targeting and adding to the Education Act will further contribute towards these aims. These reforms will not only cover primary and secondary education, but also post-secondary and tertiary institutions and programmes, as well as life-long learning initiatives.

216. The Education Act itself will remain the key instrument regulating compulsory education, while a Commission for Life-Long Learning will be created as a regulator, carrying out internal and external audits. Furthermore, a Council for Teaching and Allied Professions would also be created through the reform, among other matters also being responsible for the licensing of Learning Support Educators (LSEs). In this regard, feedback was noted as to the need to offering formation that goes beyond the current 10-

week training offered by the State and privately, and could include qualifications at Bachelor's level, although the specifics are still being discussed. Further skilling would also prepare more LSEs to be paired with the most vulnerable schoolchildren. However, preparation of other practitioners, such as that of senior social workers, is also envisaged to be covered by said Council.

217. The University of Malta and MCAST will also be covered through introduction of a University of Malta Act and an MCAST Act before Parliament, respectively.

218. An important element of the reforms will be the setting up of a Board for Educational Matters, in line with the principle of the best interests of the child and of the child's education, as embodied in the UN CRC, and in Article 8 of the Education Act. This would have jurisdiction to hear matters, such as a parent refusing to sign an Individualised Education Plan (IEP), or refusing a neurodevelopmental assessment — insisting that their child is simply 'naughty', rather than possibly on the autism spectrum — when all other attempts at dialogue would have failed. A main issue it would seek to deal with is the issue of separated, divorced or unmarried parents having joint custody over children, in order to ensure that appropriate decisions are taken in the child's interests, where agreement cannot be reached between the parents, especially when this becomes collateral from a bitter custody battle, and time is of the essence.

219. The Board would use a simplified and accessible procedure, and not require elements such as engaging a lawyer, as before many other courts or tribunals. It will also include a representative of CRPD, the regulator, following discussions between CRPD and MEDE. The Board's decision would be final, legally replacing the consent of the relevant party or parties with the right to exercise consent on behalf of said child, but appealable through established administrative justice structures. However, its decisions would not be suspended pending any appeals instituted by either party.

220. The issue of ensuring that IEPs become legally-binding documents is also being considered as part of the upcoming reforms, following a suggestion by ODI. Furthermore, starting from the 2018/19 scholastic year, a Provision Mapping exercise will start to be used in this regard, for 80% of State Schools already. Similar instruments to IEPs for education above secondary level were also proposed by ODI, and can be discussed further.

**30 – (ii) Measures taken to address disability-based discrimination in the education system**

221. The Inclusion Directorate within the National Schools Support Service (NSSS) at MEDE has Educational Officers (EOs) as its disposal, to assist School Principals and their staff, who are responsible for day-to-day decision making, by discussing such cases with their teams. This practice is employed with regard to each and every child, and not just children with disability, in line with Malta's obligations under the UN Convention on the Rights of the Child. This way, expertise can be twinned with a practical approach, in the best interests of the child.

222. Towards this end, the situation is monitored through regular visits by HODs (Heads of Department) – Inclusion and Education Officers (EOs), who additionally have the right to spot-check schools if necessary, although otherwise, visits are usually coordinated with the Head of School, whose agreement is generally always acquired, saving which, Ministry officials have the right to carry out inspections nonetheless. HODs – Inclusion, formerly called InCos (Inclusion Coordinators), are attached to Colleges, which are groupings of different Primary and Secondary Schools, and are responsible for all Schools within that College. Their role is to report to College Principals, and to support Senior Management Teams (SMT) at Schools, consisting of School Heads and Assistant Heads, in order to empower the rest of the School. HODs – Inclusion are able to monitor Schools falling within their remit, while EOs are able to monitor any School, as per the direction received from the NSSS. The aim of such exercises is to monitor, draw the attention of School staff in case of any shortcomings, and devise a way forward through mutual dialogue.

223. Furthermore, Schools are also subject to mandatory internal and external audits on a regular basis. External audits are carried out by the Quality Assurance Department currently

within the MEDE's Directorate for Quality and Standards, which is now being designated an independent regulator following amendments to the law.

224. Unfortunately, many times, HODs – Inclusion are mistakenly thought to be exclusively responsible for children with disability, since these children's rights form most of their caseload as present. They are not merely responsible for inclusion issues only concerning children with disability, but concerning all children, also covering issues such as ethnicity, religion and gender. Thus, an intersectional approach to policy implementation in the field of rights and anti-discrimination is ensured, also in line with the provisions of the UN CRPD and the EOA.

225. It is to be clarified that, at school level, inclusion is the day-to-day responsibility of an Assistant Head, side by side with other School support staff, and the rest of the College psychosocial team — such as guidance counsellors and career advisors at School level, and early intervention practitioners at College level. External professionals, such as social workers and psychologists, are also engaged as and when needed.

226. Such Assistant Heads are the key persons to address situations arising for children with disability or raised by their families, with HODs – Inclusion being the conduit between this official representing an individual School, and MEDE. The HOD – Inclusion would also liaise with external entities, such as the Matriculation and Secondary Education Certificate (MATSEC) Board, in such cases.

227. In case of escalation, for example, when senior school officials would refuse to be involved in discussions around a child's IEP, the matter is escalated up the described chain of command, with a mutually negotiated solution being sought. HODs – Inclusion can advise and mediate, however, decisions must be taken by SMT, or by College Principals. Staff and Directors from NSSS and the Directorate for Educational Services (DES) can also be involved, attempting a mutually agreed solution first, but having executive discretion should matters remain at an impasse.

228. The CFC has students that the largest number of disability-related complaints it receives, which also rank as the third largest number of complaints in general, concern LSEs. However, the CFC also pointed out that the system has also been abused for a long time, with parents requesting LSEs for their children simply to give them an added advantage, while taking away resources and placing at a disadvantage those children who really needed LSEs. Furthermore, there was a lot of resistance from parents against shifting from one-to-one LSEs, to classroom-based or shared LSEs, in certain instances.

229. However, there were still real issues in connection to LSEs, most notably the issue of children being sent home if an LSE could not attend school — and while this usually happened in the case of children with developmental disability, where staff otherwise felt that they would not be able to appropriately deal with the child's needs in the absence of the LSE, the CFC also reported an instance of this happening when the student in question was Deaf. MEDE is aware of this, hence its ongoing and increasing efforts to monitor relevant situations, engage all parties in dialogue, and take steps towards rectification, where necessary. The reform package, both to the educational system, and to the skilling and further training of LSEs, were also meant to diminish such unfortunate instances in future.

230. The CFC also pointed out that too much reliance is being placed on LSEs, especially due to the general overprotective attitude common in many Maltese parents, not only on children with disability. This reliance was happening at the expense of children acquiring skills towards developing independent living strategies, and becoming empowered. Also, while the CFC was in favour of more attention being given to the issue of LSEs, the matter of also devoting resources towards said skills and empowerment in parallel was raised, such as investing in Braille textbooks.

231. Complaints concerning disability discrimination in the field of Education are also received by the Education section of CRPD's EOCU, in terms of the EOA. This institution has the remit to receive such complaints concerning any element of the education sector, and not just concerning primary and secondary education. The vast majority of these complaints relate to matters concerning LSEs. Statistics covering claims since 2012, in

connection with denial of reasonable accommodation as to inclusive education, are reported in paragraph 241.

232. Legislation passed in connection with specific disability categories in 2016 also contributed towards this end. The Maltese Sign Language Recognition Act (Cap. 556) designated LSM an official language, bringing with it attached rights, while empowering the new Sign Language Council to also advocate in the field of education. The Persons within the Autism Spectrum (Empowerment) Act (Cap. 557) likewise places a key emphasis on education, including as one of the main goals to be addressed in the national autism strategy that the new Autism Advisory Council was tasked with drafting.

233. Furthermore, complaints can also be received by the Commissioner for Education at the Office of the Parliamentary Ombudsman, who has, since September 2017, dealt with and resolved 2 such cases. The first concerned provision of an LSE, while the second concerned University of Malta entry requirements for dyslexic students, whereby negotiations with University and the MATSEC Board led to said students being able to use a spell-checker during language examinations required to gain entry to University.

234. The Commissioner for Education's Office also held a conference for major stakeholders in the field of inclusive education on 29 November 2017. The legal and technical aspects impinging on the daily lives of persons with disability, especially those struggling with the challenges posed by barriers to education, were discussed. The Office also intends to hold a further session in autumn of 2018.

235. Finally, disability-based discrimination is countered through the Access to Communication and Technology Unit (ACTU) within MEDE. The Unit is responsible for contributing towards an accessible scholastic experience, through the provision of assistive technologies, and of augmentative and alternative communication (AAC) technologies. These are intended to be used side-by-side with the national curriculum, which is constantly being adapted to factor in the use of such technologies.

236. Government's electoral manifesto also emphasised increased access to such devices, also in line with article 24 UN CRPD. Towards implementation of said manifesto pledge, a Working Group was launched in 2017, with the twin aims of mapping students within the primary and secondary education system, and conducting a needs analysis, while also mapping and determining the options available internationally, and how these would match with the needs identified. The Working Group's final report is due in September 2018, and will make recommendations as to how the State could implement concrete support in light of the findings, especially with regard to financial considerations.

237. Meanwhile, the experience of students currently in the fourth year of primary education is also being evaluated, as to their use of tablets provided by the State, further to a previous electoral pledge. Through this pro-active approach, the next cohort of fourth year students, at the start of the next scholastic year, will have their tablets, and apps provided, fine-tuned to their individualised educational needs, including through ensuring that their educational experience is made as accessible as possible through these devices. Nevertheless, the procurement of specialised AAC devices, over and above said tablets, will continue to be assessed and effected, whenever necessary, by ACTU.

**31 (a) – Research on the socio-economic and cultural benefits of inclusive education**

238. Research is ongoing, with MEDE having specific mechanisms for such. The first is the Directorate for International Relations, Strategy and Programme Implementation, within the Directorate-General – Strategy and Support, which functions as MEDE's overarching general research unit. The second is research carried out by the Assistant Director – Research, assisted by a team of EOs, functioning as a small unit within the Directorate-General – Curriculum, Life-Long Learning and Employability.

239. The work of these units gathers and clarifies data, with reference to both students and educators, and also to specific categories, such as support staff and LSEs. Different educational paths within the mainstream, such as vocational and additional routes, are also analysed. This research is then used to inform and further develop the relevant policy and legislation, referred to elsewhere in these responses.

**31 (b) – Training of teachers and administrative staff on the rights of children with disability to inclusive education**

240. Courses at the University of Malta's Faculty of Education include credits on these lines, as do courses offered by the Department of Psychology and the Department of Disability Studies within the Faculty of Social Wellbeing, and courses for occupational therapists offered by the Faculty of Health Sciences, as elaborated on in paragraphs 243–244.

241. Furthermore, courses offered by MEDE's Institute for Education also contain specific modules on Disability in general, and also on specific themes such as Autism.

242. Continuous Professional Development for teachers and for SMTs in Malta, referred to as In-Service Training, although not yet a mandatory matter, also contains such elements. All initial teacher training, further to taught courses, conducted at the University of Malta, similarly contains such elements.

243. Mandatory training for LSEs is heavily disability-specific, although the current 10-week training cycle is being overhauled, as described in paragraph 209.

**31 (c) – A body responsible for curricular development with a view to promoting inclusive education**

244. Yes, this is the Directorate-General for Curriculum, Life-Long Learning and Employability within MEDE. Inclusion is already part of the Curriculum Development process in Malta, by virtue of Malta's National Curriculum Framework, referenced in paragraph 206. This document states that Inclusive Education is the entitlement of every student.

**31 (d) – Monitoring of Accessibility standards within and outside school**

245. Accessibility standards are monitored in the same way as anti-discrimination standards are, as detailed in paragraphs 214–220. This would be the case, for example, where a teacher would refuse to admit a student to class with an assistive device, or even if a parent complains that a child is unable to follow lessons due to the classroom environment not being sensorially accessible due to clutter. Changes or appropriate adaptation strategies can be discussed or suggested, following an assessment, and otherwise the same procedures described earlier would be followed.

246. Furthermore, the Foundation for Tomorrow's Schools (FTS) is also responsible for ensuring that every new school being built is accessible for all students. It is also ensured that older schools are made accessible. Where certain factors, such as premises being a protected building, are present, it must ensure that necessary steps are taken, such as that classes containing students using a wheelchair are located at ground floor level, and that all other adaptations that are possible are otherwise made to the school environment. Where necessary, porting over to a new school building would also be considered according to a phased plan.

247. Facilities within schools must also be rendered accessible, such as ensuring that all worktops in laboratories are adjustable, and that equipment such as hand magnifiers is present. All interactive whiteboards in classrooms are also height-adjustable. It must be further ensured that at least 1 fixed computer is adjustable, with children being further ensured ICT accessibility through the use of adjustable tablets and assistive or AAC devices, as described in paragraph 28, which children many times can also take home with them. This also prevents children being singled out.

**32 – Statistical information on the number of reported cases on denial of reasonable accommodation in relation to access to inclusive education**

248. The following table details cases alleging denial of reasonable accommodation as regards inclusive education, that were reported since Malta ratified the UN CRPD in 2012.

**Table 21**

| *Year* | *Government Institutions* | *Private Institutions* | *(Roman Catholic) Church Institutions* | *Parastatal Institutions* | *Total* |
|---|---|---|---|---|---|
| 2012 | 16 | 1 | 2 | | 19 |
| 2013 | 12 | | 2 | | 14 |
| 2014 | 18 | 1 | 1 | | 20 |
| 2015 | 9 | 2 | 1 | | 12 |
| 2016 | 11 | 1 | | 1 | 13 |

*Source:* CRPD EOCU.

## Health (art. 25)

### 33 – (i) Timeframe as to when persons with "learning disabilities" will be able to exercise their right to "capacity to consent" to sexual and reproductive health

249. This matter is being addressed through the process leading up to the Personal Autonomy Act, described in paragraph 120. The Act is expected to be adopted by the end of 2018, with implementation having already commenced by 2019. Specific provisions addressing this matter are also being discussed for inclusion in the draft Act.

### 33 – (ii) Measures taken to train healthcare professionals on the rights of persons with disability

250. As to healthcare professionals in training, within the Faculty of Health Sciences at the University of Malta, across a number of disciplines, such as physiotherapy, occupational therapy and nursing, specific guest lectures provided by the Department for Disability Studies within the Faculty of Social Wellbeing are included in such training. These lectures aim to sensitise health care professionals as much as possible to the rights and needs of persons with disability. There are plans to expand this content further, including at postgraduate level, in the case of nursing.

251. Within the University of Malta Medical School, this is less well-defined but it is an underlying principle in medical training, which is conveyed especially during clinical attachments. However, the Faculty of Medicine and Surgery, within the Medical School, offers a psychiatry module to all students reading to become medical doctors, with said module also focusing on rights of and social interventions for persons with psychosocial disability. General awareness is also delivered in courses run by the Faculty of Education.

252. Civil society initiatives have also sought to reach out to healthcare professionals, such as was the case with the Richmond Foundation's Mental Health First Aid initiative.

253. The CMH has also proposed a Diploma in Primary Mental Health for General practitioners, in order to be able to deliver first-line support to individuals and their families at community level. He has also delivered a number of lectures on the rights of persons with psychosocial disability to healthcare professionals.

254. CRPD also collaborated with the Malta Medical Students' Association on 'Breaking the News', a conference and training course for healthcare students and professionals, in 2016. It also provides DETs to healthcare professionals whenever requested, and has increased its levels of outreach to this area.

## Work and employment (art. 27)

### 34 (a) – Article 17 (3) of the Constitution

255. ODI is currently discussing the possibility of such an amendment with the stakeholders concerned.

**34 (b) – Criteria that determine the suitability to work of persons with disability**

256. Impairments are weighted for severity against the Barthel scale, with the claimant subject to an assessment by professionals. However, as explained in paragraph 21, the DSS is in the process of porting over to a functioning-based system, also in order to determine the suitability to work of persons with disability.

**34 (c) – Monitoring and sanctions concerning non-compliance with the quota system**

257. Jobsplus, the national employment agency, is responsible for the upkeep of the Register for Persons with Disability in line with the provisions of Legal Notice 156 of 1995. The registered person with disability will then be assisted by the Lino Spiteri Foundation, which works in close collaboration with Jobsplus. Jobsplus is also responsible for the monitoring and enforcement of the quota system, since the relevant provisions of the Persons with Disability (Employment) Act (Cap. 210) were activated in 2015.

258. This system requires that employers employing more than the equivalent of 20 full time employees, must have at least have 2% of their workforce composed of persons with disability. An automated report is generated on a monthly basis, whereby the responsible Jobsplus officer monitors compliance/ non-compliance with the quota.

259. The Lino Spiteri Foundation, which is a PSP between Jobsplus and the private sector, was set up in 2015 to offer support to both persons with disability and employers through its three primary service streams: profiling & guidance, job coaching and corporate relations. The Corporate Relations Unit reaches out to various employers, particularly those that are not in conformity with the legislation in question, with the aim of understanding the demands of various employment sectors, as well as to support employers and their employees in the recruitment process of employing a person with disability.

260. By carefully analysing the enterprise requirements and operation/ workflow, the Corporate Relations Unit identify elements, tasks and outcomes from existing jobs in the enterprise, to design a new job or a workflow that can integrate a person with disability or a mixed-ability group of persons with disability. This process is referred to as Job Carving, and aims to increase the labour market integration of jobseekers with disability.

261. In this regard, Jobsplus created various measures to support employers prior to and during the employment of the person with disability, through work trial schemes, wage subsidies, fiscal incentives and the employer's national insurance exemption.

**35 – Reported cases on denial of reasonable accommodation in Employment**

262. Table 22 below presents statistics of cases initiated by CRPD's EOCU concerning denial of reasonable accommodation in the employment sector, since Malta ratified the UN CRPD in 2012.

**Table 22**

| *Year* | *Cases* | *Public Sector* | *Parastatal Entities* | *Local Councils* | *(Roman Catholic) Church Entities* | *Private Sector* | *Totals* |
|---|---|---|---|---|---|---|---|
| 12/13 | 22 | 13 | 1 | 1 | 1 | 6 | 22 |
| 13/14 | 17 | 10 | 1 | | | 6 | 17 |
| 14/15 | 12 | 4 | | 1 | | 7 | 12 |
| 15/16 | 14 | 7 | | 2 | | 5 | 14 |

*Source*: CRPD EOCU.

## Participation in political and public life (art. 29)

### 36 (a) – Reservation concerning Article 29 (i) and (iii), and guaranteeing rights of persons with disability

263. ODI has approached the Electoral Commission, and is seeking to continue discussions with all stakeholders involved, towards this end.

264. However, as to guaranteeing the rights of persons with disability to vote by secret ballot, the efforts described in the following paragraphs have been undertaken in the interim.

### 36 (b) – How persons with disability exercise their right to participate in political and public life

265. Within the current framework, the Electoral Commission is continuously attempting to explore effective ways and means to improve situation.

266. The font used on ballot papers is determined according to the size of the paper which cannot be longer than 834mm and 165mm which will allow a combination of parties and candidates ranging between 50 and 58.

267. The Commission has proposed an amendment in the ballot paper when it aims to introduce the image of the candidate besides the usual information such as name, surname and nickname. This will significantly assist those voters, such as voters with intellectual disability, who in past elections were presented with an additional barrier to voting on their own.

268. A 'trusted person' system to accompany voters is not positively perceived by the two main political parties due to trust issues, this system having been abused when implemented in the past.

269. During the past 4 years, the Commission has worked considerably on the matter of using Braille or audio for visually impaired persons, to try to devise a system in which a number of such voters could be comfortable enough to vote without having to resort to the assistance of the Assistant Electoral Commissioners. Following research into actual numbers of such voters using these methods, it transpired that said number was significantly low, with a large number of such voters, although given these options, still opting instead to be assisted. This led the Commission to reach out to CRPD and to a number of representative organisations of Blind and visually impaired persons. The process is currently stalled, due to overall appropriate data on the total number of such voters being still unavailable, due to the lack of unified disability data in Malta, for the reasons elaborated in paragraphs 12 et seq.

270. The exercise described therein would contribute greatly towards this initiative, that of devising a plan that would essentially include electronic voting in polling booths. Towards this end, FITA was also consulted on possible collaboration in developing electronic voting possibilities, that would benefit not only persons with visual impairments.

271. In this regard, and also with respect to CRPD's continued recommendations concerning the creation of an accessible electoral voting system, in 2016 the Commission took the initiative to organise a seminar on the benefits of electronic voting, for which political parties and other stakeholders were invited. During this Seminar, FITA was invited to deliver a presentation on the subject. However, the seminar was not particularly successful following statements made by political parties that such an initiative needs to be more technologically advanced and studied before it can be seriously considered.

272. Notwithstanding the earlier challenges mentioned, the Commission continues to commit itself towards having polling places more accessible to persons with disability. For example, the Commission has commissioned a number of modifications to the tables used for voting to allow more accessibility to persons using wheelchairs during voting.

273. As to the matter of the relevant Medical Board assessing mental capacity, this was reconstituted in 2016, and worked to reduce the backlog of assessments which at one point was very high. This step was undertaken by the Electoral Commission also following

criticism by the CMH, who argued that the deregistration of persons judged to lack mental capacity, which included persons suffering from acute dementia, were not being assessed in good time, unnecessarily exposing them to uncomfortable and undignified situations when it came to voting in front of the Assistant Electoral Commissioners.

274. It is to be further pointed out that apart from the residents at St Vincent de Paul residence for older persons, who are allowed to vote at the Residence, there are a number of other such residences with 50+ residents, who are also legally allowed to vote at their respective residences. This is also a great improvement as opposed to past voting practices when these residents used to be taken out of the residence to vote in designated polling places.

## Participation in cultural life, recreation, leisure and sport (art. 30)

### 37 (a) – Measures to promote and protect the right to inclusive sport, leisure and recreational activities

*Leisure and Play – Children with Disability*

275. The CFC has brought up the issue of leisure and play, including the element of accessible leisure and play, on multiple occasions and with different stakeholders, such as the Local Councils Association, with whom it advocated for upgrades to playgrounds that were not accessible. The CFC also commended examples of good practice, such as the Kitchen Garden family area at the Residence of the President of the Republic.

276. The CFC also gave its input concerning National Standards for Outdoor Play Areas and Indoor Play Areas, also advocating for appropriate toys for children with disability to be included in Indoor Play Areas, and for further participation of stakeholders in making sure both kinds of Play Areas are developed in an accessible manner, or otherwise rendered more accessible.

*Cultural Events and Festivals*

277. Malta's Cultural Policy of 2010 refers to Inclusion as follows: "[a]ccess to and participation in culture are a prerequisite for an inclusive society and, more generally, for a society that is dynamically animated through individual and community action."

278. All projects being taken on by ACM and Festivals Malta, mainly the Carnival Village and the Culture Hub (aka Rock Hub), are being designed to be fully accessible for persons with disability.

279. Furthermore, ACM is currently in the process of installing an elevator at its premises for better accessibility.

280. Pjazza Teatru Rjal, the artistic space created around the ruins of the Royal Opera House in the centre of the capital city Valletta, have recently been requested by ACM to make their stage fully accessible, to allow for the full participation of persons with disability, including persons from the audience called up on stage impromptu during an act. An elevator has already been installed in this regard.

281. Festivals Malta works to make its festivals as accessible as possible, by striving to design events in line with the Cultural Policy, and undertaking various measures in different festivals.

282. Furthermore, they also programme inclusive events in terms of artistic content, such as Dame Evelyn Glennie – The Three Palaces Festival 2014, and; interactive activities for people with disability at a Carnival Workshop, with an Irish band, as part of Ghanafest at Dar tal Provvidenza.

*Sports*

283. While Malta's national sports policy is still at consultation stage, such policy has made reference to inclusivity in sport.

284. The policy has as its main objective an increase in opportunities for persons with disability, to participate in sport through the Special Olympics and Paralympics, and see that such a movement is adequately set up. This should be attained through increased participation within clubs, through the provision of appropriate access facilities. Efforts will be made to achieve increased participation of persons with disability in mainstream activities, both in unified sport and specialised events, and to facilitate access to all award schemes and modified games. A concrete effort will be made to attract new coaches to embark on a career in this area.

285. The policy also mandates that a number of initiatives will be undertaken in order to improve and increase the participation of persons with disability in sport, such as raising the profile of sport for persons with disability through promotional campaigns. In particular, the positive impact Special Olympics has on people with intellectual disability can be promoted. Special Olympics can function as one of the vehicles to provide visibility to persons with disability. Visibility is the first step towards a positive cycle of inclusion, understanding and respect in sports.

286. Finally, the policy also stresses the initiation of further programmes of unified sport, adding on to those described in paragraphs 282–284, and fostering other opportunities for athletes to interact with non-disabled persons will be undertaken, while promoting the importance of Unified Sports at all levels within an organisation, both internally to staff and partner organisations and to external audiences.

287. SportMalta is also working on ways to reach out to parents and other persons close to persons with disability, in order to better engage with these persons, and provide support to them as and when necessary. The use of the media, and the promotion of the efforts of, and formal acknowledgement of the achievements of athletes with disability, are key elements to be worked on. The SportMalta Awards can also be a good vehicle for this.

288. Special funding for Special Olympics athletes and athletes participating in Paralympic sports, and other initiatives such as Deaflympics, is being discussed. Since 2013, the budget (SportMalta assistance) for Special Olympics has increased drastically (in 2017 it reached 300% of what it was in 2013), thereby assisting Special Olympics Malta in reaching more athletes within the organisation. Furthermore, efforts are being made in order to set up the Paralympic movement which is, to date, non-functional. However, it is also recognised that further efforts need to be continuously made to reach out to all persons with disability, especially in recognising the formal achievements of those who have, so far, funded their participation and successes privately.

289. The OnTheMove programme (formerly SkolaSport) run by SportMalta offers mixed-ability sports programmes to children from all walks of life, over and above their educational curriculum, through regional Sports Complexes located throughout Malta, and also offers financial assistance to children who need this, in order to ensure that sport is accessible for all. This programme, that has been run for the past 30 years, is now being given separate legal personality through the incorporation of a special-purpose Foundation.

290. While the programme works with regular Schools, whether State or independent schools, and their inclusion staff, including children's LSEs, OnTheMove's programmes are designed to be as accessible as possible, of their very nature. A full-time coach is also employed by the programme, responsible for adaptation of coaching sessions, to ensure that they are accessible for all students participating.

291. OnTheMove also organises a Sports Day for all children participating in its programmes, at the end of every scholastic year, again designed in a unified, accessible manner.

292. The State also operates the National Sports School in Pembroke, on the binary of placing inclusion at its core. The School believes that the ethos of sport is to unify people, and that it should be a vehicle to dissolve differences into the background. An officer at the School, also a sports coach, acts as inclusion coordinator, by working with other coaches and recommending adaptations, in order that students with disability can join mainstream activities. The concept of unified sport is preferred, rather to that of segregation, and

specific sessions are the exception rather than the rule, unless training for specific competitions such as Special Olympics is being conducted.

293. The School currently has over 400 students with disability enrolled, out of a total of 7250 children, with roughly half of these being students with intellectual and developmental disability, particularly ADHD and autism, with the other half being other students with disability, such as Deaf students and students with physical disability. The School also aims to keep on increasing the number of said students over the next years.

*Activities for Youths with Disability*

294. The leading role in this field is played by AZ. It adopts and implements an open-door, low threshold and inclusive policy towards young people with disability. It seeks at all times to treat them, first and foremost, as 'young people', while having due regard to their particular needs and concerns, ensuring they are not discriminated against, and that they are at all times treated with dignity and respect.

295. AZ's approach in supporting young people with disability has a number of different strands.

296. **National Youth Policy**: Malta's national youth policy, *Towards 2020 — A shared vision for the future of young people*, which is being implemented over the period 2015–2020, aims to realise a vision for the future of young people that is underpinned by global values and principles.

297. In terms of the national youth policy, action plans are being implemented that focus on awareness-raising, listening to and supporting the voice of young people, and on the implementation of a wide range of cross-sectoral initiatives and opportunities for young people in education and training, employment and entrepreneurship, arts and culture, social inclusion, volunteering and community activities, and sports and recreation.

298. **Physical infrastructure and environment**: AZ's headquarters in Saint Venera, Youth Activity Centres and youth cafés are all designed to be accessible for all, while also having specific facilities for the benefit of persons with disability.

299. **Ethical and good practice guidelines**: AZ has in place and implements Principles of Ethical Conduct and Practice for youth workers, as well as a Good Practice Guide on the protection, safety and well-being of young people, including young people with disability.

300. **Tailored supports for young people with disability**: AZ has a number of tailored initiatives and supports for young people with disability. These include a designated action under the national youth policy whereby "young people with disabilities will be encouraged and supported to integrate fully in social and community life"; a range of anti-discrimination projects, and; initiatives and dedicated supports for young people with disability in AZ's Youth.inc programme.

**37 (b) – Efforts concerning the Marrakesh Treaty**

301. Malta is bound to implement the provisions of the Marrakesh Treaty, by virtue of said Treaty's impending ratification by the European Union.

302. Meanwhile, further elements of the Treaty have entered the Maltese legal order through the provisions of the Regulation (EU) 2017/1563, and; through the transposition of Directive (EU) 2017/1564, by means of subsidiary legislation being developed by the Ministry for the Economy, Investment and Small Business (MEIB), following consultation with other stakeholders such as MFCS. Said legislation will be issued under Article 4(2) of the European Union Act (Cap. 460), and will amending the Copyright Act (Cap. 415) to take on board the obligations of the Directive. It will come into effect within the timeframe required by the Directive. The final draft legislation will again be consulted with stakeholders, including MFCS, and through it ODI, prior to its being promulgated.

**37 (c) – Inclusive Tourism**

*Inclusion in General Tourism*

303. Further to the relevant provisions of the EOA cited in Malta's first Periodic Report, the Malta Tourism Authority (MTA) and CRPD drafted and issued the Tourism for All Design Guidelines in 2016, and also worked on an Accessible Beaches initiative.

304. In line with the Tourism for all Policy, all new tourist accommodation development projects are assessed by CRPD with regard to measures to ensure access for all, as per their guidance on this matter. Tourist accommodation establishments also have to provide specific rooms which comply with the 2010 *Facilities providing accommodation for the public (e.g. Hotels, hostels, guesthouses, self-catering apartments)* in relation to the number of rooms being proposed, also in line with the overarching Access for All Standards for the Built Environment, and related Guidelines.

305. Furthermore, the Tourism Accommodation Establishments Regulations, Legal Notice 351 of 2012, as amended by Legal Notice 407 of 2014, award points to those hotels that provide facilities for persons with disability. This will give them an advantage with regard to the classification category attained. These are in line with the Criteria developed by the Hotelstars Union, under the patronage of HOTREC (Confederation of National Associations of Hotels, Restaurants, Cafés and Similar Establishments in the European Union and European Economic Area), and of which Malta is a member:

- Category A: barrier-free for wheelchair or assisted clients;
- Category B: barrier-free for electronic wheelchair user clients;
- Category C: barrier-free for blind and visually impaired clients;
- Category D: barrier free for Deaf and hearing-impaired clients;
- Category E: completely barrier free establishments.

306. As to general infrastructure, such as with respect of pavements, reference by tourism operators must be made to the Streets for All Guidelines promulgated by CRPD.

307. As to the Accessible Beaches initiative, MTA have invested in providing wheelchairs that enter the water to assist bathers entering the sea. These are provided at those beaches managed by MTA.

308. CRPD also signed a Memorandum of Understanding with the Institute of Tourism Studies (ITS) to provide DET to all students within the Institute.

309. Discussions on updating the relevant sets of policies will shortly be commenced by CRPD and MTA, with the involvement of service users and stakeholders.

*Inclusion at National Heritage Sites*

310. Since 2012 Heritage Malta was engaged on a number of projects with the major ones being the following ones.

*Fort St Angelo Heritage Experience*

311. **General**: A number electric vehicles were procured, one of them also able to carry a wheelchair. Within the fort stair lifts and a platform lift were fitted and are in operation in order to facilitate access to the different external levels within the fort. The interpretation facilities were designed keeping accessibility issues in mind.

312. **Museum and Rampart Walk**: The project was designed to facilitate access to all in the different sections of the fort through the installation of lifts, platform lifts and stair lifts. The design of the interpretation facilities was aimed to make it accessible through the introduction of various audio-visual productions.

*Archaeological Heritage Conservation Project*

313. **Ġgantija Temples**: The visitor's centre and all access pathways and facilities to and around the Temples themselves were specifically designed for access for all. The Temples were previously virtually inaccessible since located rather remotely from the nearest streets. This part of the project saw the creation of a relatively huge Heritage Park with surrounding landscaping reinstated to simulate the environs of the Temple at its origins. The exhibits and interpretation in the new Visitor's Centre, featuring audio-visual aids and modern IT applications, offer a better experience to different persons, and not just those with physical disability. A meandering easy-access walkway transports the public from the Visitor's Centre across a sort of time-lapse to the Temples for a complete experience for all.

314. **St Paul's Catacombs**: Accessibility for all was offered to the public for all catacomb clusters in this complex. The larger majority were previously not accessible at all, so a state-of-the-art Visitor' Centre with modern facilities enabled the introduction to the catacombs with modern-day audio-visual applications for all and which then unfold to the outdoors and underground walkways both above, around and also within the catacomb structures. The external pathways and information pods are fully accessible to all and for those who could not physically gain access into the catacombs, measures ranging from a high-tech 3D virtual experience reproduced from detailed photogrammetry, exposed tombs and potential vertical access points allow the catacomb experience even for any individuals with any form of impairment for visiting underground confined spaces.

315. **Tarxien Temples**: scope was to render the Temples in this locality fully accessible for all whilst allowing the experience to be made possible by the erection of a protection shelter over the temple remains. The design and implementation of the internal and external walkways and protective shelter allowed the better appreciation of the protected Temple remains from external vantage points which then meted into the easily accessible internal walkways within the Temples themselves. The starting point for the experience remained the fully-accessible Visitor's Centre which was also refurbished and which features audio-visual technology that offers a better anticipation for all the public, including those persons with particular support needs, to the walkway and Temples experience in and around the site.

316. **Ta' Bistra Catacombs**: These catacombs were made accessible through major works which were carried out in the past decade, which included also a visitor's centre and were opened to the public in 2016. All areas are accessible to all and the interpretation facilities were designed keeping accessibility issues in mind.

*A New Environmental Management System for the Hal Saflieni Hypogeum UNESCO World Heritage Site*

317. The site was also made further accessible to the public including wheelchair accessibility by introducing an external ramp and maintaining the existing lift which takes the visitors down from the reception to the audiovisual area. Unfortunately, the site being as it is, presents challenges for members of the public who use wheelchairs to go down into the site. However, during the project it was felt that something was to be done to accommodate such visitors. In fact a twenty minute audiovisual show in the audiovisual area was introduced to help give a general idea of what is expected to see /feel if one had to go down into the site.

318. While CRPD already worked with Heritage Malta regarding accessibility of museums for persons with hearing and visual impairments, it is now undertaking a similar initiative, with the additional involvement of PSDAA and the Autism Advisory Council, in order to develop accessible museums and tours for persons on the autism spectrum, and persons with intellectual disability.

## C. Specific obligations (arts. 31–33)

### Statistics and data collection (art. 31)

**38 – (i) Updated disaggregated data on persons with disability**

*Data held by NSO*

319. As to the data reported in Annex 3 of Malta's first Periodic Report, citing tables 69–73 of the 2011 Census report compiled by the National Statistics Office (NSO), no new data collection exercises were carried out by this entity to supplement said census data.

320. However, the latest statistics collated by CRPD, JobsPlus and DSS, the other 3 entities in Malta that collect disability-specific data, as indicated in paragraphs 13, 16 and 18 respectively are laid out below.

*Data held by CRPD*

321. The following data is extracted from the CRPD Register, and represents persons with disability to whom a Special ID card and/ or an EU Disability Card was issued. It should be noted that overall totals exceed figures for total male and total female clients, due to the issue of multiple impairments.

**Table 23**

| *Females* | *8 947 registered females* | | | | | |
|---|---|---|---|---|---|---|
| | **Physical** | **Hearing** | **Visual** | **Intellectual** | **Psychological** | **Totals** |
| 0–16 | 159 | 32 | 22 | 169 | 87 | 469 |
| 17–30 | 258 | 58 | 45 | 245 | 122 | 728 |
| 31–40 | 264 | 48 | 41 | 153 | 66 | 572 |
| 41–50 | 414 | 53 | 51 | 113 | 88 | 719 |
| 51–60 | 608 | 65 | 656 | 108 | 115 | 1 552 |
| 61+ | 4 964 | 490 | 540 | 499 | 417 | 6 910 |
| **Totals** | **6 667** | **746** | **1 355** | **1 287** | **895** | **10 950** |

**Table 24**

| *Males* | *9 234 registered males* | | | | | |
|---|---|---|---|---|---|---|
| | **Physical** | **Hearing** | **Visual** | **Intellectual** | **Psychological** | **Totals** |
| 0–16 | 204 | 29 | 38 | 374 | 249 | 894 |
| 17–30 | 336 | 67 | 51 | 420 | 189 | 1 063 |
| 31–40 | 358 | 57 | 54 | 221 | 114 | 804 |
| 41–50 | 413 | 41 | 61 | 171 | 97 | 783 |
| 51–60 | 797 | 77 | 102 | 167 | 133 | 1 276 |
| 61+ | 4 279 | 329 | 348 | 322 | 266 | 5 544 |
| **Totals** | **6 387** | **600** | **654** | **1 675** | **1 048** | **10 364** |

*Source*: CRPD Register as at 20/4/2018.

*Data Held by DSS*

322. The following data is extracted from DSS' records of persons with disability over 15 years of age, currently in receipt of the 3 main types of disability benefits — Disability Assistance (DA), Severe Disability Assistance (SDA) and Increased Severe Disability Assistance (ISDA).

**Table 25**

*Benefit Type: DA*

| | *2017* | | | *2018 (up to 30.04.18)* | | |
|---|---|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Total* | *Male* | *Female* | *Total* |
| 15–19 | 4 | 1 | 5 | 3 | 1 | 4 |
| 20–24 | 3 | 1 | 4 | 3 | 2 | 5 |
| 25–29 | 4 | 2 | 6 | 7 | 2 | 9 |
| 30–34 | 4 | 3 | 7 | 2 | 5 | 7 |
| 35–39 | 3 | 1 | 4 | 3 | 1 | 4 |
| 40–44 | 9 | 2 | 11 | 13 | 3 | 16 |
| 45–49 | 7 | 3 | 10 | 7 | 3 | 10 |
| 50–54 | 3 | 5 | 8 | 8 | 5 | 13 |
| 55–59 | 11 | 4 | 15 | 11 | 7 | 18 |
| 60–64 | 2 | 6 | 8 | 5 | 6 | 11 |
| 65–69 | 0 | 1 | 1 | 0 | 2 | 2 |
| 70–74 | 0 | 1 | 1 | 0 | 2 | 2 |
| **Total** | **50** | **30** | **80** | **62** | **39** | **101** |

*Source:* DSS.

**Table 26**

*Benefit Type: ISDA*

| | *2017* | | | *2018 (up to 30.04.18)* | | |
|---|---|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Total* | *Male* | *Female* | *Total* |
| 15–19 | 21 | 10 | 31 | 25 | 9 | 34 |
| 20–24 | 24 | 13 | 37 | 32 | 19 | 51 |
| 25–29 | 24 | 13 | 37 | 39 | 20 | 59 |
| 30–34 | 17 | 14 | 31 | 33 | 22 | 55 |
| 35–39 | 15 | 8 | 23 | 28 | 16 | 44 |
| 40–44 | 13 | 6 | 19 | 29 | 19 | 48 |
| 45–49 | 10 | 11 | 21 | 23 | 19 | 42 |
| 50–54 | 8 | 5 | 13 | 19 | 12 | 31 |
| 55–59 | 7 | 9 | 16 | 21 | 21 | 42 |
| 60–64 | 1 | 4 | 5 | 9 | 15 | 24 |
| 65–69 | 2 | 5 | 7 | 3 | 13 | 16 |
| 70–74 | 1 | 1 | 2 | 2 | 4 | 6 |
| 75–79 | 1 | 0 | 1 | 0 | 1 | 1 |
| 80–84 | 0 | 1 | 1 | 2 | 2 | 4 |
| 85–89 | 0 | 0 | 0 | 0 | 1 | 1 |
| **Total** | **144** | **100** | **244** | **265** | **193** | **458** |

*Source:* DSS.

**Table 27**

*Benefit Type: SDA*

| | *2017* | | | *2018 (up to 30.04.18)* | | |
|---|---|---|---|---|---|---|
| *Age* | *Male* | *Female* | *Total* | *Male* | *Female* | *Total* |
| 15–19 | 203 | 85 | 288 | 136 | 65 | 201 |
| 20–24 | 219 | 174 | 393 | 226 | 147 | 373 |
| 25–29 | 241 | 151 | 392 | 200 | 141 | 341 |
| 30–34 | 221 | 147 | 368 | 188 | 140 | 328 |
| 35–39 | 244 | 145 | 389 | 229 | 143 | 372 |
| 40–44 | 170 | 155 | 325 | 185 | 150 | 335 |
| 45–49 | 140 | 120 | 260 | 130 | 116 | 246 |
| 50–54 | 160 | 130 | 290 | 142 | 117 | 259 |
| 55–59 | 166 | 157 | 323 | 164 | 154 | 318 |
| 60–64 | 38 | 73 | 111 | 52 | 77 | 129 |
| 65–69 | 21 | 40 | 61 | 18 | 46 | 64 |
| 70–74 | 17 | 28 | 45 | 19 | 27 | 46 |
| 75–79 | 9 | 15 | 24 | 6 | 15 | 21 |
| 80–84 | 2 | 3 | 5 | 2 | 3 | 5 |
| 85–89 | 0 | 1 | 1 | 0 | 1 | 1 |
| **Total** | **1 851** | **1 424** | **3 275** | **1 697** | **1 342** | **3 039** |

*Source:* DSS.

**Table 28** (Data held by JobsPlus)

*Registered Disabled Unemployed April 2018*

| | *Females* | | | | |
|---|---|---|---|---|---|
| | *Under 25* | *25–39* | *40–54* | *55+* | *Females Total* |
| ODA – arms | | | 2 | 1 | 3 |
| ODAB – arms & legs | | | 2 | | 2 |
| ODB – legs | 1 | | 3 | 4 | 8 |
| ODC – eyesight | 1 | 2 | 1 | 1 | 5 |
| ODD – hearing | | | 2 | | 2 |
| ODE – speech | 1 | | | | 1 |
| ODF – spine | 1 | 1 | 11 | 5 | 18 |
| ODFA – spine & arms | | | | | |
| ODH – digestive system | 1 | | | | 1 |
| ODI – heart | | | 1 | | 1 |
| ODJ – lungs | | | | 1 | 1 |
| ODK – neurosis psychoneurosis | 3 | 6 | 2 | 2 | 13 |
| ODL – organic nervous disease | | 1 | 2 | | 3 |
| ODM – other nervous & mental d | 9 | 2 | 1 | | 12 |
| ODZ – other disabilities | | 1 | | | 1 |
| **Grand Total** | **17** | **13** | **27** | **14** | **71** |

*Source:* JobsPlus.

323. The data in this paragraph is extracted from JobsPlus' records of persons with disability registered with it, and currently listed as Unemployed. JobsPlus' internal classification criteria are used.

**Table 29**

*Registered Disabled Unemployed April 2018*

| | *Males* | | | | |
|---|---|---|---|---|---|
| | *Under 25* | *25-39* | *40-54* | *55+* | *Males Total* |
| ODA – arms | | 2 | 4 | 5 | 11 |
| ODAB – arms & legs | | | 2 | | 2 |
| ODB – legs | | 4 | 18 | 9 | 31 |
| ODC – eyesight | 1 | 1 | 8 | 5 | 15 |
| ODD – hearing | 1 | 2 | 4 | 4 | 11 |
| ODE – speech | | | | | |
| ODF – spine | | 3 | 18 | 15 | 36 |
| ODFA – spine & arms | | | 1 | | 1 |
| ODH – digestive system | | | 1 | | 1 |
| ODI – heart | | | | 4 | 4 |
| ODJ – lungs | | 1 | 2 | 7 | 10 |
| ODK – neurosis psychoneurosis | 11 | 19 | 14 | 4 | 48 |
| ODL – organic nervous disease | 2 | 3 | 2 | | 7 |
| ODM – other nervous & mental d | 8 | 6 | 5 | 2 | 21 |
| ODZ – other disabilities | 2 | 5 | 4 | 3 | 14 |
| **Grand Total** | **25** | **46** | **83** | **58** | **212** |

*Source:* JobsPlus

**Table 30**

*Registered Disabled Unemployed April 2018*

| | *Grand Total* |
|---|---|
| ODA – arms | 14 |
| ODAB – arms & legs | 4 |
| ODB – legs | 39 |
| ODC – eyesight | 20 |
| ODD – hearing | 13 |
| ODE – speech | 1 |
| ODF – spine | 54 |
| ODFA – spine & arms | 1 |
| ODH – digestive system | 2 |
| ODI – heart | 5 |
| ODJ – lungs | 11 |
| ODK – neurosis psychoneurosis | 61 |
| ODL – organic nervous disease | 10 |
| ODM – other nervous & mental d | 33 |
| ODZ – other disabilities | 15 |
| **Grand Total** | **283** |

*Source:* JobsPlus

324. The following data is extracted from JobsPlus' records of all persons with disability registered on its Register of Persons with Disability. JobsPlus' internal classification criteria are used.

**Table 31**

*Persons on JobsPlus Disability Register - 2018*

| | *Female* | | | | |
|---|---|---|---|---|---|
| *Disability type* | *16-24* | *25-39* | *40-54* | *over 55* | *Female Total* |
| ODA – arms | 3 | 13 | 30 | 19 | 65 |
| ODAB – arms & legs | 6 | 12 | 6 | 2 | 26 |
| ODAC – arms & eyesight | | 3 | 1 | | 4 |
| ODB – legs | 10 | 19 | 30 | 26 | 85 |
| ODC – eyesight | 7 | 23 | 33 | 17 | 80 |
| ODD – hearing | 3 | 25 | 26 | 17 | 71 |
| ODDE – deaf & mute | | 5 | 8 | 2 | 15 |
| ODE – speech | 1 | 4 | 1 | 1 | 7 |
| ODF – spine | 8 | 22 | 58 | 40 | 128 |
| ODFA – spine & arms | | 1 | 3 | 1 | 5 |
| ODFM – spine & other mental di | | 8 | 2 | | 10 |
| ODG – hernia | | | 4 | | 4 |
| ODH – digestive system | 2 | 2 | 3 | | 7 |
| ODI – heart | | 5 | 6 | 2 | 13 |
| ODJ – lungs | 1 | 3 | 4 | 6 | 14 |
| ODK – neurosis psychoneurosis | 23 | 62 | 53 | 29 | 167 |
| ODL – organic nervous disease | 11 | 35 | 29 | 7 | 82 |
| ODM – other nervous & mental d | 92 | 159 | 54 | 21 | 326 |
| ODZ – other disabilities | 5 | 26 | 34 | 14 | 79 |
| **Grand Total** | **172** | **427** | **385** | **204** | **1 188** |

*Source:* JobsPlus.

**Table 32**

*Persons on JobsPlus Disability Register - 2018*

| | *Male* | | | | |
|---|---|---|---|---|---|
| *Disability type* | *16-24* | *25-39* | *40-54* | *over 55* | *Male Total* |
| ODA – arms | 7 | 38 | 59 | 76 | 180 |
| ODAB – arms & legs | 8 | 17 | 15 | 16 | 56 |
| ODAC – arms & eyesight | | 5 | 5 | 3 | 13 |
| ODB – legs | 13 | 45 | 92 | 114 | 264 |
| ODC – eyesight | 10 | 23 | 76 | 73 | 182 |
| ODD – hearing | 12 | 33 | 29 | 29 | 103 |
| ODDE – deaf & mute | | 7 | 7 | 8 | 22 |
| ODE – speech | 6 | 5 | 4 | 3 | 18 |
| ODF – spine | 6 | 40 | 122 | 153 | 321 |
| ODFA – spine & arms | | | 2 | 2 | 4 |
| ODFM – spine & other mental di | 1 | 7 | 7 | 1 | 16 |
| ODG – hernia | | | 4 | 6 | 10 |

*Persons on JobsPlus Disability Register – 2018*

| | Male | | | | |
|---|---|---|---|---|---|
| *Disability type* | *16-24* | *25-39* | *40-54* | *over 55* | *Male Total* |
| ODH – digestive system | 3 | 4 | 4 | 8 | 19 |
| ODI – heart | | 16 | 27 | 47 | 90 |
| ODJ – lungs | | 4 | 15 | 19 | 38 |
| ODK – neurosis psychoneurosis | 41 | 107 | 91 | 47 | 286 |
| ODL – organic nervous disease | 22 | 67 | 71 | 23 | 183 |
| ODM – other nervous & mental d | 142 | 243 | 137 | 41 | 563 |
| ODZ – other disabilities | 10 | 61 | 45 | 53 | 169 |
| **Grand Total** | **281** | **722** | **812** | **722** | **2 537** |

*Source*: JobsPlus

**Table 33**

*Persons on JobsPlus Disability Register – 2018*

| | Other | | |
|---|---|---|---|
| *Disability type* | *25-39* | *Other Total* | *Grand Total* |
| ODA – arms | | | 245 |
| ODAB – arms & legs | | | 82 |
| ODAC – arms & eyesight | | | 17 |
| ODB – legs | | | 349 |
| ODC – eyesight | | | 262 |
| ODD – hearing | | | 174 |
| ODDE – deaf & mute | | | 37 |
| ODE – speech | | | 25 |
| ODF – spine | | | 449 |
| ODFA – spine & arms | | | 9 |
| ODFM – spine & other mental di | | | 26 |
| ODG – hernia | | | 14 |
| ODH – digestive system | | | 26 |
| ODI – heart | | | 103 |
| ODJ – lungs | | | 52 |
| ODK – neurosis psychoneurosis | 1 | 1 | 454 |
| ODL – organic nervous disease | | | 265 |
| ODM – other nervous & mental d | | | 889 |
| ODZ – other disabilities | | | 248 |
| **Grand Total** | **1** | **1** | **3 726** |

*Source*: JobsPlus

**38 – (ii) National database on persons with disability**

325. Concerning the matter of a National Database, discussions have re-commenced, with ODI currently coordinating matters with all the 4 entities mentioned in the previous paragraphs, and regular meetings will start to take place again as from the end of June 2018. The aim is to devise a unified system, in line with the UN CRPD and with international criteria, to be developed side-by-side with necessary amendments to specific legislation.

## International cooperation (art. 32)

**39 – (i) How representative organisations of persons with disability are engaged in international cooperation, policies, programmes and measures**

326. The conduit for all such initiatives are ODI, responsible for disability policy implementation, liaising with PSDAA, and CRPD, as the independent monitoring mechanism.

327. Line Ministries involved in policies, programmes and other measures, such Ministry being MFTP in case of international cooperation or Agenda 2030-related matters, reach out to other Ministries during consultations, and any disability-specific matters would be passed to MFCS, as the Ministry responsible for social policy matters, with disability-specific content being relayed to ODI.

328. ODI would then engage and consult with representative organisations of persons with disability with which it enjoys a relationship, as described in paragraph 35. ODI would also consult CRPD, which would in turn elicit feedback from its relevant mechanisms, as described in paragraph 37.

329. All relevant feedback from these organisations would then be relayed back to the Ministry initiating the consultation in question, through MFCS and via ODI.

**39 – (ii) Involvement of persons with disability in 2018 HLPF VNR**

330. Persons with disability have been involved by Malta in the VNR process, through MFTP reaching out to MFCS as the line Ministry responsible for Disability, which in turn consulted the 2 national organs tasked with this matter, ODI and CRPD, both of which have mechanisms for consulting persons with disability. This process will also continue following submission of the written report, through a line of communication being maintained between the relevant entities during preparations for the actual VNR. Persons with disability will be included in the process, and reached out to as necessary, through the relevant institutions, following a relevant request by MFTP through MFCS.

## National implementation and monitoring (art. 33)

**40 (a) – Structure of the Parliamentary Secretariat for the Rights of Persons with Disability and Active Ageing**

331. PSDAA is a Junior Ministry within MFCS. The Parliamentary Secretary (Junior Minister) is a Cabinet member appointed by the Prime Minister, and in turn appoints the political, technical and administrative staff at the Parliamentary Secretariat.

**40 (b) – Involvement of persons with disability in relevant structures**

332. PSDAA is a Junior Ministry, and as such has no board. Entities involved with the implementation and monitoring of the UN CRPD in Malta are ODI, the national focal points in government for UN CRPD implementation, and CRPD, the UN CRPD implementing monitoring mechanism.

**40 (c) – Jurisdiction to Investigate Complaints**

333. The power to investigate complaints vests with the EOCU within CRPD, which was legally defined as the independent monitoring mechanism in terms of Article 33(2) of the UN CRPD, through the 2016 amendments to the EOA. Said power to investigate complaints, on the basis of which the EOCU was set up, emanates from Article 22(1)(i) of the EOA.

**41 – (i) Measures adopted to establish an independent monitoring mechanism**

334. The 2016 amendments to the EOA legally defined CRPD as the independent monitoring mechanism for UN CRPD matters, in terms of said UN CRPD, establishing it as

the regulator, and endowing it with the power to independently receive and investigate complaints in terms of the EOA.

335. Although an equality body, regulator and independent monitoring mechanism, which is in line with the spirit of the Paris Principles, CRPD is not an NHRI. However, the Human Rights and Equality Commission Bill currently before Parliament, with the purpose of setting up a Maltese NHRI, in line with the Paris Principles, also includes CRPD, as the disability rights regulator, within its Board, providing for the Commissioner for the Rights of Persons with Disability to sit on said Board *ex officio*.

**41 – (ii) Measures to ensure involvement of organizations representing persons with disability in this framework**

336. This is ensured through CRPD's Council for the Rights of Persons with Disability, and KCC – Consultative Committee for Persons with Intellectual Disability, that fulfil CRPD's obligations in terms of Article 33 (3) of the UN CRPD, and as further described in paragraphs 37 and 38.